

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:40

DOCUMENT # **K10843** (6)
1. Corporation Name
STIHL SOUTHEAST, INC.

Principal Place of Business Mailing Address
% ROBERT A. NOBLE SR
2250 PRINCIPAL ROW
ORLANDO FL 32837-8348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/06/1988** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-2862227** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing **\$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country

8. Name and Address of Current Registered Agent
NOBLE, ROBERT G. SR.
2250 PRINCIPAL ROW
ORLANDO FL 32821

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ROBERT G. NOBLE, SR.** DATE **3-16-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOBLE SR., ROBERT
STREET ADDRESS	6019 PINE VALLEY DR.
CITY, ST, ZIP	ORLANDO FL
TITLE	VPT
NAME	NOBLE JR., ROBERT
STREET ADDRESS	9194 WIND JAMMER LANE
CITY, ST, ZIP	ORLANDO FL
TITLE	S
NAME	NOBLE, JUDY
STREET ADDRESS	6019 PINE VALLEY DR.
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	9724 CHESTNUT RIDGE DR.
14 CITY, ST, ZIP	WINDERMERE, FL 34786
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	EXEC. V.P.
23 STREET ADDRESS	9472 WICKHAM WAY
24 CITY, ST, ZIP	ORLANDO, FL 32836
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	9724 CHESTNUT RIDGE DR.
34 CITY, ST, ZIP	WINDERMERE, FL 34786
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert Noble** DATE: **3-16-95** 407-240-7100