FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K63467** **(0)**

1. Corporation Name

SANDSCAPING EQUIPMENT CO. INC.

Principal Place of Business	Mailing Address
% HAROLD GOCHENOUR RT. 1, BOX 6090 CHURCH STREET SANTA ROSA BEACH FL 32459	% HAROLD GOCHENOUR RT. 1, BOX 6090 CHURCH STREET SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21: 687 S. Church St.
22 Suite, Apt. #, etc:
23 City & State: Santa Rosa Beach, FL.
24 Zip: 32459
25 County: Walton

2a. Mailing Address
26: 687 S. Church St.
27 Suite, Apt. #, etc:
28 City & State: Santa Rosa Beach, FL.
29 Zip: 32459
30 County: Walton

4. FEI Number: 59-2919711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GOCHENOUR, HAROLD
RT. 1, BOX 12
CHURCH STREET
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name: Gochenour, Harold
82 Street Address (P.O. Box Number is Not Acceptable): 687 S. Church St.
83
84 City: Santa Rosa Beach FL 85 Zip Code: 32459

11. Pursuant to the provisions of Section 607.0902 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: Harold Gochenour, Resident (Typed or printed name of person signing) Harold Gochenour (Registered Agent's Signature) 4-30-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☑ Change ☐ Addition
12 NAME	GOCHENOUR, HAROLD	12 NAME	Gochenour, Harold
13 STREET ADDRESS	RT. 1 BOX 12, CHURCH ST	13 STREET ADDRESS	687 S. Church St.
14 CITY ST ZIP	SANTA ROSA BEACH FL	14 CITY ST ZIP	Santa Rosa Beach, FL 32459
21 TITLE	D	21 TITLE	☑ Change ☐ Addition
22 NAME	GOCHENOUR, DEANNA	22 NAME	Gochenour, Deanna
23 STREET ADDRESS	RT. 1 BOX 12, CHURCH ST	23 STREET ADDRESS	687 S. Church St.
24 CITY ST ZIP	SANTA ROSA BEACH FL	24 CITY ST ZIP	Santa Rosa Beach, FL 32459
31 TITLE	D	31 TITLE	☑ Change ☐ Addition
32 NAME	GOCHENOUR, DEAN	32 NAME	Gochenour, Dean
33 STREET ADDRESS	RT. 1 BOX 12, CHURCH ST	33 STREET ADDRESS	687 S. Church St.
34 CITY ST ZIP	SANTA ROSA BEACH FL	34 CITY ST ZIP	Santa Rosa Beach, FL 32459
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harold Gochenour 4-30-95 904-267-7194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0411423 FP