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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCHI	AFNT#	.533

1. Corporation Name MOW & GO, INC.

Principal Place of Business Mailing Address 2255 DUNDEE ROAD

2255 DUNDEE ROAD



5. Certificate of Status Desired Γ 22 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country 8. This corporation has liability for intangible tax under s 199.032, 25 24 29 30 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent

MIJOU, BARBARA E. 124 CITRUS DRIVE, S.E.

WINTER HAVEN FL 33884

10, Name and Address of New Registered Agent 81 Name							
	81	Name					
	82	Street Address (P.O. Box Number is Not Acceptable)					
	83		·				
	84	City	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

	Styriatore, typical or printed name of registered agont and file if epp		OTE: Bug stered Agent signature required		DATE	
2.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ITLE	SD	[] DELETE	1. 1 TITLE		Change	Addition
AME	MIJOU, BARBARA E.		1.2 NAME			
TREET ADDRESS	124 CITRUS DR., S.E.		1.3 STREET ADDRESS			
HY-ST-ZIP	WINTER HAVEN FL		1.4 CITY - \$3 - ZIP			
TLE	MIJOU, ROBERT J. 215 RYDALMONT DRIVE SE	DELETE	2 1 TOLE		Change	[] Addition
AME			2.2 NAME			
TREET ADDRESS			2 3 STREET ADDRESS			
11 Y - ST - ZIP	WINTER HAVEN FL		2 4 CITY - ST - ZIP			
TLE	VP	□ DELFTE	3. 1 TITLE		☐ Change	[] Addition
AME .	MIJOU, KAY B.		3.2 NAME			
REET ADDRESS	205 DESOTO ROAD, SOUTHEAST WINTER HAVEN FL		3.3 STREET ADDRESS			
ITY-ST-ZIP			3 4 CITY - ST - ZIP			
TLF		DELETE	4. 1 TITLE		[] Change	Addition
AME			4.2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
ITY-ST-ZIP			4.4 CITY-ST-ZIP			
TLE		DELETE	5. 1 TITLE		Change	Addition
AME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
TY - ST - ZIP			54 CITY-ST-ZIP			
TLE		DELETE	6 1 TITLE		[] Change	Addition
AME			6.2 NAME			
TREET ADDRESS			6.3 STREET ADDRESS			

64 CHTY - ST - ZIP 14. Ido 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)(k). 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 of 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.

(941) 299-9388