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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # BAD Tractor Mowing Inc Principal Place of Business Mailing Address 5660 Griffin Al 5660 Gatton Rd Davie Florida 33314 3. Date incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite Apt #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes 🔲 No 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 11. Purculant 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ypercommon date and registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE 1.01 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP C-TY 51 7/E DELETE Change Addition 140,1 21 TITLE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-2(P 01h St 74 DELETE Change Addition 160 3.1 TITLE MAM 3.3 STREET ADDRESS \$187E1 ALC (0ES) 3.4 City-St-7iP (J14 ST 7 DELETE 4.1 TITLE Change Addition HE HAM! 4. 2 NAME 4.3 STREET ADDRESS \$98911,400,665 4 4 CITY - S1 - ZIP DELETE Change Addition 11 LF 51 TITLE 52 NAME 5.3 STREET ADORESS SHREET AND BESS 54 CITY-ST-ZIP 400002158014 Pange -04/29/97--01042--051 DELETE 1116 6.1 TITLE 8354 6.2 NAME STELLI ACTION 15 6.3 STREET ADDRESS ***165.00 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and actual control of the congretion of supplemental angular 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 congretion or the decays or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 8 ock 12 ok Block 13 if chapter 60 or an appears in 8 ock 12 ok Block 13 if chapter 60 or an appear of the congretion of the congret

SIGNATURE:

FILED

Apr 28 1997 8:00am

Secretary of State