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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 3:25

DOCUMENT # **M64585** **(6)**

1. Corporation Name
CAL S LAWN EQUIPMENT INC.

Principal Place of Business	Mailing Address
C/O CAL NISLY 2112 SUNNYDALE BLVD. STE K CLEARWATER FL 34625	C/O CAL NISLY 2112 SUNNYDALE BLVD. STE K CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1988
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21: 1151 KAPP DRIVE
22: Suite, Apt. #, etc.
23: CLEARWATER FL.
24: Zip 34625 25: Country USA

2a. Mailing Address
26: 1151 KAPP DRIVE
27: Suite, Apt. #, etc.
28: CLEARWATER FL.
29: Zip 34625 30: Country USA

4. FEI Number: 59-2871246 ☐ 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

NISLY, CAL
2112 SUNNYDALE BLVD.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number is Not Acceptable): 1151 KAPP DRIVE
93:
94 City: CLEARWATER FL 95 Zip Code: 34625

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: Cal Nisly
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	NISLY, CAL	12 NAME		
STREET ADDRESS	2272 BIRCHBARK TRAIL	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	NISLY, ORPHA	22 NAME		
STREET ADDRESS	2272 BIRCHBARK TRAIL	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	NISLY, ARLAUD	32 NAME	NISLY, ARLAND	Correct spelling
STREET ADDRESS	2272 BIRCHBARK TRL	33 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: Cal Nisly 813-461-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0960239 CP