FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # M64585 [redacted]

1. Corporation Name
Cal's Lawn Equipment, Inc

Principal Place of Business — Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/01/98

2. Principal Place of Business	2a. Mailing Address
21 ~~22728~~ 1151 Kapp Dr	26 1151 Kapp Dr
22 Suite, Apt #, etc: Clearwater	27 Suite, Apt #, etc: Cl.
23 City & State: Fl	28 City & State: Clearwater Fl
24 Zip: 33765 / 25 Country: Pinellas	29 Zip: 33765 / 30 Country: Pinellas

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~Cal's Lawn Equipment, Inc~~
~~1151 Kapp Dr~~
~~Clearwater, Fl 33765~~ →

10. Name and Address of New Registered Agent

81 Name: Cal Nisly
82 Street Address (PO Box Number is Not Acceptable): 2272 Birchbark
83 ~~Clearwater~~
84 City: Clearwater FL 85 Zip Code: 33765

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Cal Nisly / Pres	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Orpha Nisly / Sec	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arland Nisly / V. Pres	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres / Cal Nisly / 2272 Birchbark Trail / Clearwater, Fl 33765	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Sec / Orpha Nisly / 2272 Birchbark Trail / Clearwater, Fl 33765	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V.P. / Arland Nisly / 2272 Birchbarks Trail / Clearwater, Fl 33765	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100002571871 -06/25/98--01012--044 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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: Orpha Nisly — 6-2-98 — 813-461-0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #