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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortheyn

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # M99374 (4)

WILDWOOD MOWER & SAW, INC.

FILED
May 04 1998 8:00am
Secretary of State



Principal Plac	e of Business	Mailing Address			
106 E. HWY 44 WILDWOOD FL 34785 WILDWOOD FL 34785 US			HWY	DO NOT WRITE IN THIS SPACE	
US	<u>•</u>			3. Date Incorporated or Qualified 09/20/1988	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number Applied For S9-2926697 Not Applied be	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		City & State		Fee Required	
City & State		28		8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes No	
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent	
W	ATSON, GEORGE A., JR.		81 Name		
	6 E. HWY. 44		82 Street	Sanoy C Warson Address (P.O. Box Number is Not Acceptable)	
WILDWOOD FL 34785				9547 CR 205	
			83	,	
			84 City	WILDWOOD FL 85 Zip Code 34785	
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 X Sandy (Watson 4-22.98					
12.	Signature, typed or printer name of registered ag OFFICERS AN	ent and title if applicable (NOTE: ID DIRECTORS	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELET E	1.1 TITLE	STO	
NAME	Watson, George A. Jr.		1.2 NAME	WATSON, GEORGE A JR	
STREET ADORESS	9547 CR 205		1.3 STREET ADDRESS	9547 CR 205	
CITY-ST-ZIP	WILDWOOD FL	T I DELETE	1.4 CITY-ST-ZIP	W1U50000 FL 34785 Change □ Addition	
TITLE NAME	STD Watson, Sandy C.	T DETEIR	2.1 TITLE 2.2 NAME		
STREET ADDRESS	9547 CR 205		2.3 STREET ADDRESS	WATSON, SANOY C 9547 CR QDS	
CITY-ST-ZIP	WILDWOOD FL		2. 4 CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		☐ DELETE	31 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	
NAME			4.2 NAME	C ordings C Addition	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP	Change Addition	
TITLE NAME		בן הנונונ	6.1 TITLE 6.2 NAME	_ C Orionige C Addition	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 atlachment with an address.

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