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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State .
DIVISION OF CORPORATIONS

DOCUMENT #

P93000022170 (3)

MASTER MOWERS, INC.

FILED
Jan 14 1997 8:00am
Secretary of State

	JAKUF IIII	LERII BELLI	HANA INAN'	HON HON BUILDING

Principal Place of Business		Mailing Add	Mailing Address			A TREATMENT THE LEGICLE CHAIN CORMY CORMY SOURCE CHAINS THREAT HEALT REGULT BOAT LOOF					
5343 RIVERTO			5343 RIVERTON RD JACKSONVILLE FL 32277-1329 US			•					
US						3. Date incorporated or Qualifie	d 3a F	ate of Last f	Poport		
										•	
2 Principal F	face of Business	2a. Mailing A	Vidroes				04/01/1993 4. FEI Number	Ut	1/20/1996	pplied For	
21	THE COLUMN TOO	26							h	ot Applicable	
Suite, Apt.	#, etc		Suite. Apt. #, etc.			59-3175084			\$8.75 Additional		
22		27					5. Certificate of Status Desired	Ш		equired	
City & Stat	00	City & St.	ate				6. Election Campaign Financing		\$5.00	May Be	
13		28					Trust Fund Contribution			to Fees	
Zip	Country	Zψ		Countr	гу		8. This corporation has liability	or intangibl	e tax under	s. 199.032,	
24	25	29		30			Florida Statutes		⊡ 1‰		
	9. Name and Address of Cu	rrent Registered Age	nt				10. Name and Address of New	Registered	Agent		
GEI	IGER, JAMES P			81	1	Name					
	IS RIVERTON RD			8:	2	Street Addr	dress (P.O. Box Number is Not Acceptable)				
	CKSONVILLE FL 32277			L.	\perp						
0 , 10				83	3						
				8	4	City			85 Zip	Code	
						,		FL	_		
SIGNATURE.	logration, Types For per test alone of register OFFICERS	AND DIRECTORS		Registered A	gont	signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTO	RS IN 12	
TOLE	D		DELETE	11 TITLE					Change	Additio	
NAME	GEIGER, JAMES P			1.2 NAMI	E	1					
STREET ADDRESS	5343 RIVERTON RD			1.3 STRE	ET AI	DDRESS					
CITY ST-20F	JACKSONVILLE FL			1.4 CITY	ST-	ZIP					
TITLE	D	L	_ DELETE	2.1 TITLE					L Change	☐ Additio	
NAME	GEIGER, CASEY B			2.2 NAME	E:						
STREET ADDRESS	5343 RIVERTON RD			2.3 \$TREI	ET A	DORESS					
CHY-ST ZIP	JACKSONVILLE FL		7 651676	2 4 CITY	•	- ZIP					
TITLE		L	DELETE	3 1 TITLE					∐ Change	Add-tio	
NAME				3.2 NAME							
STREET ADDRESS				3 3 STREE							
C-TY - ST - ZIP		-	DELETE	3.4. CITY		- ZIP			Change	Additio	
TILLE	:	L] DETER	4 1 TITLE					L.J Ghange	F"1 Monito	
NAME	i			4 2 NAM 4.3 STREI		Doneson					
STREET ADDRESS				1							
CITY - ST - 7-2 TITLE			DELETE	4.4 CITY - 5.1 TITLE		ZIP			Change	Additio	
NAME		_		5.2 NAME							
STREET ADDRESS				5.3 STREE		TIDRESS					
CITY-ST ZIP				5.3 STATE							
TOLE			DELFTE	6.1 TITLE		411			Change	Additio	
NAME				6.2 NAME					- 9-		
STREET ADDRESS				6.3 STREE		nngegg					
Section Contracts	I .										
CITY-ST-2IP	<u> </u>			6.4 CITY-							

If do hereby certify that the information supplied with this Fing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information inclinated 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 direction 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:

Jans A Juca (James P. Geiger)

1-8-91

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