

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042746

1. Corporation Name
MOWERS AND MORE, INC.

Principal Place of Business
13333 OVERSEAS HWY. #3
MARATHON FL 33050

Mailing Address
13333 OVERSEAS HWY. #3
MARATHON FL 33050

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90002 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1993

4. FEI Number

65-0414250

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 135 ZANE GREY CRK. DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 943
Suite, Apt. #, etc.

City & State

23 LAYTON, LONG KEY
Zip Country

24 33001-0943 25 FL

City & State

28 LONG KEY, FL
Zip Country

29 33001-0943 30 USA

9. Name and Address of Current Registered Agent

HALENZA, HAL R
13333 OVERSEAS HWY, #3
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name

HALENZA, HAL R

82 Street Address (P.O. Box Number is Not Acceptable)

135 ZANE GREY CRK. DR.

83

LAYTON

84 City

LONG KEY

FL

85 Zip Code
33001

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME HALENZA, HAL R
STREET ADDRESS 13333 OVERSEAS HWY #3
CITY-ST-ZIP MARATHON FL

TITLE V
NAME HALENZA, GRACE L
STREET ADDRESS 135 ZANE GREY CREEK DR
CITY-ST-ZIP LAYTON FL

TITLE V
NAME VALLEJO, JUDITH G
STREET ADDRESS 700 W OCEAN DR
CITY-ST-ZIP KEY COLONY BCH FL 33051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

135 ZANE GREY CREEK DR

1.4 CITY-ST-ZIP

LAYTON, LONG KEY, FL 33001

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 JAN 1999

Date

305664-4316

Daytime Phone #

CR2E034 (11/98)