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1997 NOV 17 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P93000048621

1. Corporation Name

Principal Place of Business / Mailing Address

KISSIMMEE TRACTOR & MOWER INC
1770 E IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34744-3724

2. Principal Place of Business	2a. Mailing Address
21 1770 E IRLO BRONSON	26 1770 E IRLO BRONSON
Suite, Apt. #, etc. 22 MEM. HWY.	Suite, Apt. #, etc. 27 MEMORIAL HWY.
City & State 23 KISSIMMEE FL.	City & State 28 KISSIMMEE FL.
Zip 24 34744 Country 25 OSCEOLA	Zip 29 34744 Country 30 OSCEOLA

3. Date Incorporated or Qualified: JULY 13-1993
3a. Date of Last Report:
4. FEI Number: 59-3320741 ☐ 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

STEPHEN J DAVIES
HARLLEY RUNYAN Rd.
ST. aloud, FL 34771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 S J Davies DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT. ☒ DELETE	1.1 TITLE	CEO + PRES ☒ Change ☐ Addition
NAME	ALAN J RILEY	1.2 NAME	S J DAVIES
STREET ADDRESS	HARLLEY RUNYAN RD	1.3 STREET ADDRESS	HARLLEY RUNYAN RD
CITY-ST-ZIP	ST CLOUD FLORIDA 34771.	1.4 CITY-ST-ZIP	ST CLOUD FLORIDA 34771.
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEPHEN DAVIES VS	2.2 NAME	
STREET ADDRESS	HARLLEY RUNYAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FLORIDA.	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	S00000048621 ☐ Change ☐ Addition
NAME		3.2 NAME	-11/17/97--01132--002
STREET ADDRESS		3.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
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		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

11/17/97

CR2E034 (9/96)

14. I do 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: S J Davies 11-12-97 407-846-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #