FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 13 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093954 (3)

1. Corporation Name
RALPH'S LAWN MOWER SALES AND SERVICE, INC.

Principal Place of Business	Mailing Address
316 DIXIE HWY. AUBURNDALE FL 33823	316 DIXIE HWY. AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-3288792 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOWELL, RALPH
316 DIXIE HWY.
AUBURNDALE FL 33823

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FOREHAND, JOY M	1.2 NAME	
STREET ADDRESS	2937 OLD DIXIE HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MUSTAIN, MARSHA	2.2 NAME	
STREET ADDRESS	212 DENISE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WATWOOD, GLENDA	3.2 NAME	
STREET ADDRESS	1264 KEYSTONE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	Jim Howell, Jimmy	4.2 NAME	
STREET ADDRESS	1248 Keystone Ct.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	Howell, Ralph	5.2 NAME	
STREET ADDRESS	2937 Old Dixie Hwy	5.3 STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	Howell, Winnie	6.2 NAME	
STREET ADDRESS	2937 Old Dixie Hwy	6.3 STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jimmy R. Howell Pres 3-7-95 813-965-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003440 FP