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Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90016 015 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000093954

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

Principal Place of Business  
316 DIXIE HWY.  
AUBURNDALE FL 33823

Mailing Address  
316 DIXIE HWY.  
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1994

4. FEI Number

59-3288792

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWELL, RALPH  
316 DIXIE HWY.  
AUBURNDALE FL 33823

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FOREHAND, JOY M  
STREET ADDRESS 2937 OLD DIXIE HWY.  
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE D  
NAME MUSTAIN, MARSHA  
STREET ADDRESS 212 DENISE LANE  
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE D  
NAME WATWOOD, GLENDA  
STREET ADDRESS 1264 KEYSTONE CT.  
CITY-ST-ZIP AUBURNDALE FL 33823

☐ DELETE

TITLE P  
NAME HOWELL, JIMMY  
STREET ADDRESS 1248 KEYSTONE COURT  
CITY-ST-ZIP AUBURNDALE FL

☐ DELETE

TITLE S  
NAME HOWELL, RALPH  
STREET ADDRESS 225 DENESE LN.  
CITY-ST-ZIP AUBURNDALE FL

☐ DELETE

TITLE D  
NAME HOWELL, WINNIE  
STREET ADDRESS 225 DENESE LN  
CITY-ST-ZIP AUBURNDALE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Jimmy Howell* Pres.

Date

Daytime Phone #

1-15-99

941-965-1355

CR2E034 (1/98)