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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000007862 (2)

CUB CADET OF BREVARD, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3737 N. US 1 COCOA FL 32926 COCOA FL 32926				DO NOT WRITE IN TH	IIS SPACE
				01/26/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3298584	Not Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28]	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Sees No
	g, Name and Address of Curre		1501	10. Name and Address of New Register	-
ST	EWART, WILLIAM H		81 Name		
3737 N. US 1			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	· · · ·
COCOA FL 32928				· · · · · · · · · · · · · · · · · · ·	
			83		
			84 City		85 Zip Code
11. Pursuant	to the provisious of Sections 607 05	02 and 607.1508. Florida Statut	es the above-named cor	poration submits this statement for the purpos	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	the contract that a second the contract	g	orida dialotos.		
	Signature, typed or printed name of registered ag		E: Registered Agent signature requ	··	
12.	OFFICERS AT	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME	STEWART, WILLIAM H		1.1 TITLE 1.2 NAME		
STREET ADDRESS	4660 LIME ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		1.4 CITY -ST - ZIP		
TITLE	DV	DELETE	2.1 TITLE		☐ Change ☐ Addition
HAME	Stewart, Edna		2.2 NAME		
STREET ADDRESS	4660 LIME ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ATTOCKT ADDOCKOS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 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		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		L3 DECENT	6.1 TITLE		☐ CHANGE ☐ MODITION
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

407-632-6696