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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P95000060718 (0)

DOCUMENT #
1. Corporation Name GREENSBORO SMALL ENGINE SERVICE, INC. Principal Place of Business Mailing Address **HWY 12** P.O. BOX 344 P.O. BOX 344 GREENSBORO FL 32330 DO NOT WRITE IN THIS SPACE GREENSBORO FL 32330 3. Date Incorporated or Qualified 08/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3363165 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WOOLFORK, ROBERT THE MURPHY HOUSE 82 Street Address (P.O. Box Number is Not Acceptable) 317 EAST PARK AVE TALLAHASSEE FL 32301 84 City 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, typed or printed name of registered agant and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITI F Change Addition 1.1 TITLE JENKINS, WILLIE E JR NAME 1.2 NAME 3117 GALIMORE DR STREET ADORESS 1.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition BENNETT, KAREN J NAME 2.2 NAME 3117 GALIMORE DR STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition LUCAS, ADRIENNE J NAME 3.2 NAME 3004 GROVE ST STREET ADDRESS 3.3 STREET ADDRESS **TALLAHASSEE FL 32301** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition JENKINS, THELMA H NAME 4. 2 NAME 3117 GALIMORE DR STREET ADDRESS 4.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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. SD 442-6/05

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

SIGNATURE: WILLIE E. JENKMI, JR

FILED

Mar 25 1998 8:00am

Secretary of State