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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

A CONSTANT DE COMO DESENDADA DE LA PRESE DOCE POR ORDER DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COM

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000065822 (5)

D & C SMALL ENGINE, INC.

Principal Place of Business Mailing Address 6138 SE ROBINSON ROAD 6138 SE ROBINSON RO BELLEVIEW FL 34420 BELLEVIEW FL 34420-34						
				 Date Incorporated or Qualified 08/24/1995 	3a. Date of Last Report 04/02/1996	
2. Principal P	lace of Business	2a, Mailing Address 26		4. FEI Number 65-0622652	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	0	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z _I p	Country 30]Yes ☐ No	
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
	RAIN, DALE V		81 Name			
6138 SE ROBINSON ROAD Belleview fl 34420			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		FL 85 Zip Code	
11. Pursuant office or r agent. Le	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	502 and 607.1508, Florida Statu ite of Florida. Such change was igations of, Section 607.0505, Fl	les, the above-named cor authorized by the corpora orida Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a				DATE	
12.		ND DIRECTORS	It: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC		
TITLE	PST	DELETE	1 1 TITLE	ADDITIONS/OFFANGES TO OFFICE	Change Addition	
NAME	OHREN, DALE V	_	12 NAMÉ			
STREET ADDRESS	6138 SÉ ROBINSON RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEVIEW FL 34420		1 4 City-St-ZiP			
TITLE	<u> </u>	DELETE	2.1 HTLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP			
TITLE		DELETE.	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CHY-ST-ZiP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		T	4.4 CITY - ST - ZIF			
TITLE		DELETE	5 1 THTLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		I britis	5.41CHY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	1		6 3 ISTREET ADDRESS			

14. To hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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 the attacks and address.