

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077683 (7)

1. Corporation Name

HUSTLER TURF EQUIPMENT OF FLORIDA, INC.



Principal Place of Business

410 TOMAHAWK TRAIL
BRANDON FL 33511

Mailing Address

410 TOMAHAWK TRAIL
BRANDON FL 33511

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

2. Principal Place of Business

21 8259 A CAUSEWAY BLVD.

Suite, Apt. #, etc.

22

City & State
23 TAMPA, FL

Zip
24 33619

Country
25 Hillsborough

2a. Mailing Address

26 8259 A CAUSEWAY BLVD

Suite, Apt. #, etc.

27

City & State
28 TAMPA, FL

Zip
29 33619

Country
30 Hillsborough

4. FEI Number

48-1174495

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LAWSON, GEORGE B
410 TOMAHAWK TRAIL
BRANDON FL 33511

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	NIKKEL, VERNON	230 S WEAVER AVENUE	HESSTON KS 67062	<input type="checkbox"/>
D	HENSON, KENT	608 RANDOM ROAD	HESSTON KS 67062	<input type="checkbox"/>
D	STUTZMAN, DOUG	5 FAIRWAY DRIVE	HESSTON KS 67062	<input type="checkbox"/>
D	REDEKOP, CAL	104 FLINT AVENUE	HARRISBURG VA 22801	<input type="checkbox"/>
D	MULLET, ROY	217 KINGSWAY	HESSTON KS 67062	<input type="checkbox"/>
D	MULLET, HENRY	5107 GREBEL	SARASOTA FL 34232	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(x), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Muller

9/29/96

316-327-1148

Date

Daytime Phone

CR2E034 (12/95)