


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

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P95000077683 (7)**  
1. Corporation Name  
**HUSTLER TURF EQUIPMENT OF FLORIDA, INC.**



Principal Place of Business <b>8259A CAUSEWAY BLVD. TAMPA FL 33619 US</b>	Mailing Address <b>8259 A CAUSEWAY BLVD. TAMPA FL 33619 US</b>
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/05/1995</b>	
21	22	26	27	4. FEI Number <b>48-1174495</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LAWSON, GEORGE B 410 TOMAHAWK TRAIL BRANDON FL 33511</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP/P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIKKEL, VERNON</b>	1.2 NAME	<b>MULLET, Robert</b>
STREET ADDRESS	<b>230 S WEAVER AVENUE</b>	1.3 STREET ADDRESS	<b>24 PARK VIEW RD.</b>
CITY-ST-ZIP	<b>HESSTON KS 67062</b>	1.4 CITY-ST-ZIP	<b>HESSTON, KS. 67062</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENSON, KENT</b>	2.2 NAME	<b>MULLET, Paul</b>
STREET ADDRESS	<b>608 RANDOM ROAD</b>	2.3 STREET ADDRESS	<b>8506 W. DUTCH AVE</b>
CITY-ST-ZIP	<b>HESSTON KS 67062</b>	2.4 CITY-ST-ZIP	<b>HESSTON, KS. 67062</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUTZMAN, DOUG</b>	3.2 NAME	
STREET ADDRESS	<b>5 FAIRWAY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HESSTON KS 67062</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDEKOP, CAL</b>	4.2 NAME	
STREET ADDRESS	<b>104 FLINT AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRISBURG VA 22801</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLET, ROY</b>	5.2 NAME	
STREET ADDRESS	<b>217 KINGSWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HESSTON KS 67062</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLET, HENRY</b>	6.2 NAME	
STREET ADDRESS	<b>5107 GREBEL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Robert Mullet* **ROBERT MULLET** *1/26/98* **316-327-1148**

CR2E034 (10/97)