

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 020 ***150.00

DOCUMENT # P95000077683

1. Corporation Name

HUSTLER TURF EQUIPMENT OF FLORIDA, INC.

Principal Place of Business
8259A CAUSEWAY BLVD.
TAMPA FL 33619
US

Mailing Address
8259 A CAUSEWAY BLVD.
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Paul Mullet
1.3 STREET ADDRESS	200 S. Ridge Rd
1.4 CITY-ST-ZIP	Hesston, KS 67062
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T Robert Mullet
2.3 STREET ADDRESS	24 Parkview Rd
2.4 CITY-ST-ZIP	Hesston, KS 67062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Robert Mullet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Mullet 1/20/99

318-327-1148

CR2E034 (1/1/98)