

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**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90052 022 \*\*\*150.00

**DOCUMENT # P96000002866**

1. Corporation Name

**LABELLE MOWER & EQUIPMENT CO.**

Principal Place of Business

2930 S SR 29  
LABELLE FL 33935  
US

Mailing Address

3930 S SR 29  
LABELLE FL 33935  
US

2. Principal Place of Business

21 3930 S. SR 29

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
LaBelle FL 33935

28 City & State

24 Zip 33935 Country US

29 Zip Country

9. Name and Address of Current Registered Agent

MORRISON, GEORGE  
97 PARK AVENUE  
LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

65-0638736

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

10. Name and Address of New Registered Agent

81 Name

Morrison, George

82 Street Address (P.O. Box Number is Not Acceptable)

3930 S. SR 29

83

84 City

LaBelle

FL

85 Zip Code  
33935

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 ☐ DELETE

NAME D  
MORRISON, GEORGE  
STREET ADDRESS 97 PARK AVENUE  
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ DELETE

NAME ST  
MORRISON, JANET  
STREET ADDRESS 97 PARK AVE  
CITY-ST-ZIP LABELLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Morrison, George  
1.3 STREET ADDRESS 3930 S SR 29  
1.4 CITY-ST-ZIP LaBelle FL 33935

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Morrison, Janet  
2.3 STREET ADDRESS 3930 S. SR 29  
2.4 CITY-ST-ZIP LaBelle FL 33935

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*George Morrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (941) 675 8463  
Date Daytime Phone #

CR2E034 (1/98)