

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 05, 2007  
Secretary of State**

DOCUMENT# P96000007185

Entity Name: TRI-COUNTY MOWING, INC.

**Current Principal Place of Business:**

577 N HATHAWAY AVE  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 397  
BRONSON, FL 32621

**New Mailing Address:**

FEI Number: 59-3358021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEEKS, TONY B  
577 N HATHAWAY AVE  
BRONSON, FL 32621      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TONY B WEEKS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEEKS, TONY B  
Address: 577 N HATHAWAY AVE  
City-St-Zip: BRONSON, FL

Title: V ( ) Delete  
Name: WEEKS JR, TONY B  
Address: 135 N HATHAWAY AVE PO BOX 1584  
City-St-Zip: BRONSON, FL 32621

Title: S ( ) Delete  
Name: PEARSON, RACHEL F  
Address: 4516 SW 44 LN  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY B. WEEKS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/05/2007

\_\_\_\_\_  
Date