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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90057 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000025659

1. Corporation Name

CHOICE MOWER SALES & SERVICE INC.

Principal Place of Business

18260 PAULSON DRIVE
PORT CHARLOTTE FL 33954

Mailing Address

18260 PAULSON DRIVE
PORT CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

65-0648068

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

21 789 Tamiami Trail

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

23 City & State

PORT Charlotte, FL

Zip Country

24 33953

25 Charlotte

27 City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, CARL J JR
18260 PAULSON DRIVE
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name CARL J. Johnson Jr

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

789 Tamiami Trail

83

84

PORT Charlotte

FL

85 Zip Code 33953

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

Carl J. Johnson Jr

Carl J. Johnson Jr

4-26-99

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 ☐ DELETE

NAME JOHNSON, CARL J JR

STREET ADDRESS 23207 ABRADIE AVE

CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 Pres ☒ Change ☐ Addition

1.2 NAME Carl J. Johnson Jr

1.3 STREET ADDRESS 23207 ABRADIE AVE

1.4 CITY-ST-ZIP PORT Charlotte, FL 33980

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Carl J. Johnson Jr
Carl J. Johnson Jr

4/26/99

941 255-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)