

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

05-21-2004 90001 036 \*\*\*150.00

DOCUMENT # P97000001769

1. Entity Name  
SPIVEY MOWERS, INC.



Principal Place of Business  
3645 NORTH 50TH STREET  
TAMPA, FL 33619

Mailing Address  
3645 NORTH 50TH STREET  
TAMPA, FL 33619

34054965



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3422340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIVEY, KENETH JR  
3645 NORTH 50TH STREET  
TAMPA, FL 33619

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SPIVEY, HELEN L  
STREET ADDRESS 3645 N. 59TH ST.  
CITY-ST-ZIP TAMPA, FL 33619

TITLE TD ☐ Delete  
NAME BRYAN, DONNA  
STREET ADDRESS 3645 NORTH 50TH STREET  
CITY-ST-ZIP TAMPA, FL 33619

TITLE VD ☐ Delete  
NAME SPIVEY, D K JR  
STREET ADDRESS 3645 NORTH 50TH STREET  
CITY-ST-ZIP TAMPA, FL 33619

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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY / VP  
STREET ADDRESS DONALD K. SPIVEY, Jr.  
CITY-ST-ZIP 3645 North 50th Street  
TAMPA, FL 33619

TITLE ☐ Change ☒ Addition  
NAME VICE PRESIDENT  
STREET ADDRESS DONALD K. SPIVEY, III  
CITY-ST-ZIP 3645 NORTH 50th Street  
TAMPA, FL 33619

TITLE ☐ Change ☒ Addition  
NAME Lisa A. McMath, Vice President  
STREET ADDRESS 3645 N. 50th St.  
CITY-ST-ZIP Tampa, FL 33619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/04 89-626-5005