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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029404 (5)

MAIN STREET MOWER, INC.

## **FILED** May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 13811981 111		1611£ 201£ 1101		161 6161 1261
1209-B US HIGHWAY ONE 1209-B US HIGHWA			ONE							
SEBASTIAN FL 32958		SEBASTIAN FL 32958			DO NOT WRITE IN THIS SPACE					
						3. Date Incorpo	rated or Qualified			
						03/31/19	97			
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number			Ap	plied For	
21		26			65 0	140478			t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of	Status Desired		\$8.75 / Fee Re	
22		City & State							<u> </u>	
City & State	<del>9</del>	· · · · · ·			6. Election Can Trust Fund C	npaign Financing		\$5.00 Added		
Zip	Country	Zip Country				tion owes or has p	aid the cur			
24	25	29	30	•		•	perty Tax due Jun	-		] No
<u> </u>	9. Name and Address of Curren					10. Name and A	ddress of New R	egistered .	Agent	
FRANKE, ANTHONY					Name					
	09-18 US HIGHWAY ONE			82	Street Add	ress (P.O. Box Num	ber is Not Accepta	ıble)		
SE	BASTIAN FL 32958			Ш						
				83						
				84	City				<b>85</b> Zip	Code
				Ш				FL	l shanaina it	n registered
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, typoid or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS ANI		13.	A 1 1 3 1 1	The organization of the or		HANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	FD	DELETE	1.1 T	ITLE					Change	Addition
NAME	Franke, anthony		1.2 N	AME						
STREET ADDRESS	1209-B US HIGHWAY ONE		1.3 \$	1.3 STREET ADDRESS						
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY - ST - ZIP						TT a.	
11TLE		DELETE		2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDR							
CITY-ST-ZIP		DELETE		CITY-S	ST-ZIP				Change	Addition
TITLE		L_ DECERT	3.17		1				CT OUR INC	
NAME			3.2 N		ADDRESS					
STREET ADDRESS			- 1	OTY-S						
CITY-ST-ZIP TITLE		☐ DELETE	3.4.1 4.1 T		71 411				Change	Addition
NAME		<del>-</del>	4.21						-	]
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP					
TITLE		DELETE	5.1.1	ITLE					☐ Change	Addition
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			540	ITY-S	T-ZIP					
TITLE		☐ DELETE	6.11	ITLE	,				Change	Addition
NAME			62 N	IAME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY-ST-ZIP			6.40	ITY-S	T-ZIP	D-11 440 07/01/	V. Franklik Orania	1 £	ortific also states	information
<b>14.</b>   <b>he</b> reby o	certify that the information supplied w	rith this filing does not qualify	y tor the ex	emp	uon stated ir	1 Section 1 19.07(3)(	j, riorida Statutes.	Turther ce	nury mat the	HOUSTHOLINE

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.