

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

FILED  
May 08 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000046095 (0)**

1. Corporation Name  
**MOWER MART, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>6415 CORONET DRIVE<br/>NEW PORT RICHEY FL 34655</b> | Mailing Address<br><b>6415 CORONET DRIVE<br/>NEW PORT RICHEY FL 34655</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified<br><b>05/22/1997</b> |  |
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| 2. Principal Place of Business<br>21 <b>4160 ROWAN RD</b><br>Suite, Apt. #, etc.<br>22   | 2a. Mailing Address<br>26 <b>90 LUKE BROTHERS, INC.</b><br>Suite, Apt. #, etc.<br>27 <b>P.O. BOX 967</b> | 4. FEI Number<br><b>65-0830577</b>   | Applied For<br>Not Applicable  |
| 23 <b>NEW PORT RICHEY, FL</b><br>City & State<br>24 <b>34653-6116</b><br>Zip<br>25 <b>USA</b><br>Country   | 28 <b>NEW PORT RICHEY, FL</b><br>City & State<br>29 <b>34654-0967</b><br>Zip<br>30 <b>USA</b><br>Country | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

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|--|--|
| 9. Name and Address of Current Registered Agent<br><b>GONZALES, LARRY J<br/>8845 RIDGE ROAD<br/>PORT RICHEY FL 34688</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>MICHAEL C. BOYETTE</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3003 FORRESTAL CT.</b><br>83<br>84 City <b>NEW PORT RICHEY FL</b><br>85 Zip Code <b>34655</b> |
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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 *Michael C. Boyette* **MICHAEL C. BOYETTE, CFO** **4-29-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LUCADANO, PETER<br/>6415 CORONET DRIVE<br/>NEW PORT RICHEY FL 34655</b><br><input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>D, VP<br/>4129 WOOD TRAIL BLVD<br/>NEW PORT RICHEY, FL 34655</b><br><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LUCADANO, DAVID<br/>6415 CORONET DRIVE<br/>NEW PORT RICHEY FL 34655</b><br><input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>D, P<br/>4631 ROWE DRIVE<br/>NEW PORT RICHEY, FL 34653</b><br><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <b>S, T<br/>MAUREEN LUCADANO<br/>6415 CORONET DRIVE<br/>NEW PORT RICHEY, FL 34655</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <b>CFO<br/>MICHAEL C. BOYETTE<br/>3003 FORRESTAL CT<br/>NEW PORT RICHEY, FL 34655</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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.

SIGNATURE *David Lucadano* **DAVID LUCADANO** **4-29-98 (8128456382)**

CR2E034 (10/97)