

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
A Jun 17 1998 8:00am
Secretary of State

DOCUMENT # P97000046095 (0)

1. Corporation Name
MOWER MART, INC.

Principal Place of Business
6415 CORONET DRIVE
NEW PORT RICHEY FL 34655

Mailing Address
6415 CORONET DRIVE
NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

2. Principal Place of Business
21 4160 ROWAN RD
Suite, Apt. #, etc.

2a. Mailing Address
26 40 LUKE BROTHERS, INC.
Suite, Apt. #, etc.

4. FEI Number
65-0830577

Applied For
Not Applicable

22 City & State
23 NEW PORT RICHEY, FL

27 City & State
28 NEW PORT RICHEY, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 34653-6116 25 USA

29 34654-0967 30 USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALES, LARRY J
6845 RIDGE ROAD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name MICHAEL C. BOYETTE
82 Street Address (P.O. Box Number is Not Acceptable)
3003 FORRESTAL CT.
83
84 City NEW PORT RICHEY FL 85 Zip Code 34655

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LUCADANO, PETER
STREET ADDRESS 6415 CORONET DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ DELETE
NAME LUCADANO, DAVID
STREET ADDRESS 6415 CORONET DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, VP ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 4129 WOOD TRAIL BLVD
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

2.1 TITLE D, VP ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 4631 ROWE DRIVE
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

3.1 TITLE S, T ☐ Change ☒ Addition
3.2 NAME ERNEST LUCADANO
3.3 STREET ADDRESS 6415 CORONET DRIVE
3.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

4.1 TITLE CFO ☐ Change ☒ Addition
4.2 NAME MICHAEL C. BOYETTE
4.3 STREET ADDRESS 3003 FORRESTAL CT
4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

5.1 TITLE P ☐ Change ☒ Addition
5.2 NAME MAUREEN LUCADANO
5.3 STREET ADDRESS 6415 CORONET DRIVE
5.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 400002563614
-06/18/98--01009--029
6.4 CITY-ST-ZIP ***61.25

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.

CR2E034 (10/97)