FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V29360** **(7)**

1. Corporation Name

S & S MOWER SALES AND SERVICE, INC.

Principal Place of Business	Mailing Address
ROUTE 10. BOX 916L LAKE CITY FL 32055 US	ROUTE 10. BOX 916L LAKE CITY FL 32055 US

3. Date Incorporated or Qualified: **04/13/1992**
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3122461** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLEMS, SHANE
ROUTE 9, BOX ~~785-5~~ 785-5
MEADOW DR, LOT 5
LAKE CITY FL ~~32055~~ 32024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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] President DATE: 1-16-96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLEMS, SHANE D.		1.2 NAME		
STREET ADDRESS	ROUTE 9, BOX ~~785-5~~ 785-5		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32024		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLEMS, JOSHUA J.		2.2 NAME		
STREET ADDRESS	ROUTE 9, BOX 785-5		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32024		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	KAMPMEYER, KEVIN		3.2 NAME	Kampmeyer, Kevin	
STREET ADDRESS	POST OFFICE BOX 2154		3.3 STREET ADDRESS	Rt. 9 Box 786-H	
CITY-ST-ZIP	LAKE CITY FL 32024		3.4 CITY-ST-ZIP	Lake City, FL 32024	
TITLE	ST	☒ DELETE	4.1 TITLE	ST.	☒ Change ☒ Addition
NAME	MYERS, CURT		4.2 NAME	William S. Hart	
STREET ADDRESS	POST OFFICE BOX 3718		4.3 STREET ADDRESS	Rt. 9 Box	
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY-ST-ZIP	Lake City, FL 32024	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	200001859222	
STREET ADDRESS			5.3 STREET ADDRESS	-06/12/96--01020--023	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	06-11-96 OK	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] President 1-16-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number