

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

55 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G05769**

(6)

KACHUR LAWN SERVICES, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office (City and State) 106 NW SPANISH RIVER BLVD BOCA RATON FL 33431 US		2a. Mailing Address 106 NW SPANISH RIVER BLVD PO BOX 273244 BOCA RATON FL 33427-3244 US		3. Date incorporated or qualified 10/22/1982	3a. Date of Last Report 05/01/1994
2. Principal Office Telephone 21	2a. Mailing Address 26	4. FFI Number 59-2225968	Applied For <input type="checkbox"/> Not Applicable		
State of Office 22	State of Mailing Address 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
7. Filing Office 24	8. Filing Office 25	9. Filing Office 29	10. Filing Office 30	7. This corporation is eligible for automatic renewal under § 190.001, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHMIDT, PETER H. 400 SOUTH DIXIE HWY, STE 420 BOCA RATON FL 33432				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0605 and 607.0606, 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 Sections 607.0605, Florida Statutes.

SIGNATURE _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD KACHUR, DENISE 1581 NW 10TH ST BOCA RATON FL	1. TITLE V	1. NAME Kachur, William M. 1581 N.W. 10th St. Boca Raton, FL 33486-2010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	2. TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	3. TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. TITLE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 190.001-190.004, Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of this corporation or the treasurer 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 of this report as an attachment with an address.

SIGNATURE: *Denise Kachur* Denise Kachur, Pres. 5/9/95 (407) 392-8332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR