

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 12 AM 8:07

DOCUMENT # J51952 (6)

1. Corporation Name
CLEAN CUT LOT MOWING & LAWN SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
 2621 SW 41 TERRACE 2621 SW 41 TERRACE
 CAPE CORAL FL 33914 CAPE CORAL FL 33914
 US US

3. Date Incorporated or Qualified **01/14/1987** 3a. Date of Last Report **06/21/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2775591** 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. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ROBERTSON, GERALD D
2621 SW 41 TERR
CAPE CORAL 33914

10. Name and Address of Now 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | P |
| NAME | ROBERTSON, GERALD |
| STREET ADDRESS | 2621 SW 41ST TERR |
| CITY - ST - ZIP | CAPE CORAL FL |
| TITLE | ST |
| NAME | ROBERTSON, BONNY |
| STREET ADDRESS | 2621 S.W. 41 TERRACE |
| CITY - ST - ZIP | CAPE CORAL FL |
| TITLE | VP |
| NAME | ROBERTSON, CHRISTOPHER |
| STREET ADDRESS | 1337 S.E. 16TH PLACE |
| CITY - ST - ZIP | CAPE CORAL FL |
| TITLE | VP |
| NAME | ROBERTSON, SCOTT |
| STREET ADDRESS | 2621 S.W. 41 TERRACE |
| CITY - ST - ZIP | CAPE CORAL FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1 2 NAME | |
| 1 3 STREET ADDRESS | |
| 1 4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2 1 TITLE | |
| 2 2 NAME | |
| 2 3 STREET ADDRESS | |
| 2 4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3 2 NAME | |
| 3 3 STREET ADDRESS | |
| 3 4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4 2 NAME | |
| 4 3 STREET ADDRESS | |
| 4 4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5 2 NAME | |
| 5 3 STREET ADDRESS | |
| 5 4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6 2 NAME | |
| 6 3 STREET ADDRESS | |
| 6 4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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: *Gerald D. Robertson* **Gerald D. Robertson** 6-6-95 941-519-4684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)