

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K56866 (2)**  
1. Corporation Name  
**EMERALD LAWN MAINTENANCE, INC.**

Principal Place of Business: **5545 SHOLTZ NAPLES FL 33962**  
Mailing Address: **5545 SHOLTZ NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/10/1989**      3a. Date of Last Report: **09/27/1994**  
4. FCI Number: **65-0095242**      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. 197(3)(2) Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**IACONELLI, JOSEPH G.  
5545 SHOLTZ  
NAPLES FL 33962**

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 607.0912 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 607.0606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>IACONELLI, JOSEPH G.</b>
STREET ADDRESS	<b>5545 SHOLTZ</b>
CITY, ST, ZIP	<b>NAPLES FL</b>
TITLE	<b>DST</b>
NAME	<b>IACONELLI, CAROLYN LEE</b>
STREET ADDRESS	<b>5545 SHOLTZ</b>
CITY, ST, ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
18 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
19 STREET ADDRESS	
19 CITY, ST, ZIP	
20 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
20 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
21 STREET ADDRESS	
21 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the registration stated in this filing under 197(3)(2) Florida Statutes. I further certify that the information included 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 person or persons responsible for preparing this report as required by Chapter 197, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *Carolyn Iaconelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CAROLYN IACONELLI**

4-20-95      813-774-7838