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

CORPORATION ANNUAL REPORT



FLOR-DA DEPARTMENT OF STATE Sandra B. Morthan:

Secretary of State

DIVISION OF CORPORATIONS

1996

K78366 **DOCUMENT #**

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(7)

HAPPY LAWN CARE, INC.

Principal Place of	/ Business

Mailing Address

2a. Mailing Address

City & State

Suite, Ant. #, etc.

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9. Name and Address of Current Registered Agent

808 S. EVERGREEN AVE. CLEARWATER FL 34616

2. Principal Place of Business

BASKIN, H. H., JR.

703 COURT STREET

CLEARWATER FL 34616

Suite. Apt. #. etc.

City & State

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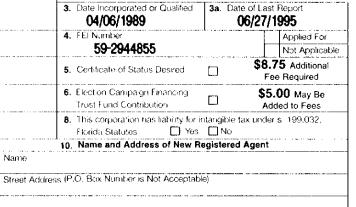
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808 S. EVERGREEN AVE. CLEARWATER FL 34616



B5

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. Su⊘i change was authorized by the corporation's bound of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes.

Country

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City

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Signature, typed or protect harve of registered agriculand this mappin as is (NUTE: Flegistered Agent signature required which remaining (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1 1 TO F Change SIMON, GERNOT H. NAME 1.2 NAMI CR2E034 808 S. EVERGREEN AVE. STREET ADDRESS L3 STHEFF ADDRESS CLEARWATER FL CHTY - ST-ZIP 1.4 CITY - \$1 - 7/P DELETE TITLE 2 1 TITLE ☐ Change ☐ Addition SIMON, COLLEEN M. NAME 2.2 NAMI 808 S. EVERGREEN AVE. STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL** 2 4 CI*Y - \$1 - 71-CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3. STREET ADORESS 3.4 CITY - ST. ZIP CITY - ST - ZIP □ DELETE Change Add:tion TITLE 4 1 THUE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ACCRESS CITY - ST - ZIP 4.4 CITY ST-ZIP DELF16 Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5 4 City - S1 - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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)(k). Florida Statutes I further certify that the information indicated on this arguard report or supplemental annual report is true and abcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the portional 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 or on an attachment with an address

SIGNATURE:

SIGNATURE

JERVOI H INTED NAME OF SIGNING OFFICER OR DIRECTOR

313-44) 8046