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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L50397** (3)

1. Corporation Name
FERRARO LAWN SERVICE, INC.



Principal Place of Business: P. O. BOX 15113 JACKSONVILLE, FL 32239-2113
Mailing Address: P. O. BOX 15113 JACKSONVILLE, FL 32239-113 US

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

3. Date Incorporated or Qualified: **02/15/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3051821**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
6. This corporation has liability for intangible tax under s. 190.052 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MEIDE, MOSES, JR
817 N. MAIN STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the president or chief executive officer of the corporation

(If not the Registered Agent, signature required when changing)

(Date)

12. OFFICERS AND DIRECTORS
1. DP FERRARO, ALBERT J. JR. 10312 FORT CAROLINE RD JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE
1. 2. NAME
1. 3. STREET ADDRESS
1. 4. CITY - ST - ZIP
2. 1. TITLE
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY - ST - ZIP
3. 1. TITLE
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY - ST - ZIP
4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP
5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY - ST - ZIP
6. 1. TITLE
6. 2. NAME
6. 3. STREET ADDRESS
6. 4. 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)(g) 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: *Albert J. Ferraro, Jr.* Albert J. Ferraro, Jr. April 27, 1996 (904) 641-7634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)