FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 27 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52100** **(9)**

1. Corporation Name

SAFARI LAWN CARE AND DESIGN, INC.

Principal Place of Business	Mailing Address
3118 PEBBLE BCH DR. C/O CORNELIUS J. VERKADEN LAKE WORTH FL 33467 US	3118 PEBBLE BCH DR. C/O CORNELIUS J. VERKADEN LAKE WORTH FL 33467 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1990

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2 ATRIUM CIRCLE	26 2 ATRIUM CIRCLE
Suite, Apt. #, etc. 22 C	Suite, Apt. #, etc. 27 C
City & State 23 ATLANTIS, FL.	City & State 28 ATLANTIS, FL.
Zip 24 33462 Country 25 USA	Zip 29 33462 Country 30 U.S.A.

4. FEI Number: 59-2992972 ☐ 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 authority to transact business in Florida and has complied with s. 607.1501, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VERKADEN, CORNELIUS J.
3118 PEBBLE BCH DR.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: VERKADEN CORNELIS J.
82 Street Address (P.O. Box Number is Not Acceptable): 2 ATRIUM CIRCLE APT C
83
84 City: ATLANTIS FL 85 Zip Code: 33462

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: Cornelius J. Verkaden PRESIDENT 4/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	VERKADEN, CORNELIUS J.	12 NAME	VERKADEN, CORNELIS J.	
STREET ADDRESS	3118 PEBBLE BCH DR.	13 STREET ADDRESS	2 ATRIUM CIRCLE UNIT C	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	ATLANTIS FL. 33462	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 the 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: Cornelius J. Verkaden 4/23/95 407-968-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0272410 CP