

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L90342

(1)

1. Corporation Name

PARKLAND MOWING CO., INC.

Principal Place of Business

P.O. BOX 844
LAXAHATCHEE FL 33470

Mailing Address

P.O. BOX 844
LAXAHATCHEE FL 33470



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

24

County

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

County

30

9. Name and Address of Current Registered Agent

SHEPARD, BARBARA S.
3714 E SANDPIPER DR.
P.O. BOX #8
BOYNTON BEACH FL 33436

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

07/25/1990

3a. Date of Last Report

04/27/1995

4. FIC Number

59-3023397

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0002 and 607.0003, Florida Statutes, the above named corporation, submitter, has submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was approved by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 607.0003, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP
DUCHESNEAU, LEO
218-2 SPARROW DR.
ROYAL PALM BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D
SHEPARD, BARBARA S
3714 E. SANDPIPER DR. #8
BOYTON BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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)(a), 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 file said report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 in this report.

SIGNATURE:

Leo Duchesneau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

401-793-8283

CR2E034 (12/95)