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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90342

(1)

Size April 2 of Country	PARKLA	AND MOWING CO., INC.				 		
AMAPHATORE FL 33470	Principa <sup>r</sup> Plac	e of Business	Mailing Address				<b>                                    </b>	ll
Principal Flace of Houses   22   Mollary Address   32   Mollary Address   33   Mollary Address   34   Mollary Ad				33470-0844				
22.   Mairing Address   24.   Mairing Address   25.   Mairing Address   26.   Suite Apr. 1. of 59-3023397   Suite Apr. 1. of								
26   Select April   26   Selection   27   Selection   28   Selection   27   Selection   28   Selection   2	2. Principal P	Place of Business	28. Mailing Addres	SS				or
Cry & State  SHEPARD, BARBARA S  STITLE E SANDPIPER DR. P.O. BOX #8  BOYNTON BEACH FL 33438  B8 Cry   B8 Cry  B9 Cry  B8 Cry  B9 Cry  B9 Cry  B8 Cry  B9 Cry	21		26			59-3023397	h	
City & State   City & City & State	Suite, Apt	#. etc	Suite, Apt. #, e	etc.		5 Cartificate of Status Desired	T T T T T T T T T T T T T T T T T T T	
28						or Continues of Status poored	Fee Required	
Zep	¬ '	le	<b>⊢</b> '					
Second			· <del></del>					
SHEPARD, BARBARA S. 3714 E SANDPIPER DR. P.O. BOX #8 BOYNTON BEACH FL 33436  182 Street Address (P.O. Box Number is Not Acceptable)  193 Size of Address (P.O. Box Number is Not Acceptable)  194 City FL 85 Zip Code  195 City FL 85 Zip Code  195 City FL 85 Zip Code  196 City FL 85 Zip Code  197 City FL 85 Zip Code  197 City FL 85 Zip Code  197 City FL 85 Zip Code  198 Ci	<del>-</del>	—	<b>├</b> ─┐	<u> </u>	ntry	· _ · _ · _ · _ · _ · _ · _ · _ ·	_ ~ _	32,
SHEPARD, BARBARA S. 3714 E SANDPIPER DR. P.O. BOX #8 BOYNTON BEACH FL 33438  ### Circ Projector of Sections 607 0502 and 607.1508 Florida Statules, the above-more corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statules, the above-more corporation submits this statement for the purpose of changing its registered agent, and complete the appointment as registered agent and minister this statement for the purpose of changing its registered agent and minister the appointment as registered agent and minister the appointment as registered agent and minister the appointment as registered agent alignment requires when mentaling)  12. OFFICE S AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE DP	24			[30]				
3714 E SANDPIPER DR. P.O. BOX #8 BOYNTON BEACH FL 33436  152   Street Address (P.O. Box Number is Not Acceptable)  153   Street Address (P.O. Box Number is Not Acceptable)  154   City	CUI		Ant riogratorou Agent		81 Name	10. Name and reduced of them to	ogiotorio rigott	
P.O. BOX #8 BOYNTON BEACH FL 33438  ### City FL   85 Zip Code  ### City FL		•						
BOYNTON BEACH FL 33436    Bo					82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	Ì
11. Pursuant to the provisions of Sections 607 0508 Florida Statutes, the above-named corporation submits this statement for the purpose or changing its registered agent or both in the State of Florida Statutes. The above-named corporation submits this statement for the purpose or changing its registered agent or both in the State of Florida Statutes.  SIGNATURE  12.					63			$\overline{}$
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 is 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 a minimum with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  TILLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  14. TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE CHANGE TO OFFICERS AND DIRECTORS IN 12.  THE CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE CHANGE TO OFFICERS AND DIRECTORS IN 12.  THE	DO:	THEOR DEADIT PE 33430						
11. Pressure to the provisions of Socions 607 0502 and 607 1508 Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Socion 607 0505, Florida Statutes.  SIGNATURE  12. OF HCRIS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  DP  UCHESNEAU,LEO  218-28 PARROW DR.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. AWE  STREET ADDRESS  CITY -ST - 2P  TILE  D					84 City		85 Zip Code	
SIGNATURE	11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida	Statutes the al	nove-named co	rooration submits this statement for the		tered
SIGNATURE	office or	registered agent, or both, in the Stat	te of Florida Such chang	e was authorized	by the corpora	ation's board of directors. I hereby acce	pt the appointment as registe	ered
No.   Name     No.   N	agent + a	am familiar with, and accept the obli-	gations of, Section 607.0	505, Florida Stat	utes.			
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE	SIGNATURE	Superior typed or profestioar e of recistered a	ment and little if applicable	(NOTE: Registered	1 Agent signature regi	ulred when reinstating)	DATE	
NAME   DUCHESNEAU,LEO   12 NAME   1.3 STREET ADDRESS   1.4 CITY-ST-2P	12.	······································	<u> </u>				CERS AND DIRECTORS IN 12	2
1.3 STREET ADDRESS   218-2 SPARROW DR.   1.3 STREET ADDRESS   1.4 CITY-ST-2IP	TITLE	DP	OEL'	ETE 1.1 TI	TLE		Change A	ddition
City-Si-ZiP   ROYAL PALM BCH FL	NAME	DUCHESNEAU,LEO		1.2 N/	AME			
D	STREET ADDRESS	218-2 SPARROW DR.		1.3 \$1	REET ADDRESS			
NAME   SHEPARO, BARBARA S   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   3714 E. SANDPIPER DR. #8   23 STREET ADDRESS   24 CITY-ST-ZIP	CITY - \$1 - ZIP	ROYAL PALM BCH FL		1,4 CI	TY-ST-ZIP			
2.3 STREET ADDRESS   BOYTON BEACH FL	TITLE	D	DEL	ETE 2.1 TI	rle		☐ Change ☐ A	ddition
DELETE   DELETE   STITLE   Change   Addition	NAMÉ			2.2 N/	AME			1
TITLE	STREET ADDRESS			2.3 \$1	REET ADDRESS			
STREET ADDRESS   32 NAME   33 STREET ADDRESS   53 STREET ADDRESS   54 CITY-ST-ZIP   Change   Addition	CITY-ST-ZIP	BOYTON BEACH FL		2.40	ITY-ST-ZIP			
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	, i	DEL DEL	ETE 3.1 TI	TLE		Change 🔲 A	ddition
STREET ADDRESS   STRE	NAME			3.2 N	AME			+
DELETE	STREET ADDRESS			3.3 \$1	REET ADDRESS			
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CHY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change Addition           NAME         5.2 NAME         5.2 NAME           SIREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Addition           NAME         6.2 NAME         Change Addition           STREET ADDRESS         6.3 STREET ADDRESS	0.1Y - S1 - 2)P				<del></del>			
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TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 S</td> <td>REET ADDRESS</td> <td></td> <td></td> <td></td>	STREET ADDRESS			4.3 S	REET ADDRESS			
NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         6.3 STREET ADDRESS         .         .			T1 25.				0	kalaisi
SIREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIF         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         6.3 STREET ADDRESS         .			L_; D£L		1		L ∪nange L A	spartion
CITY-ST-ZIF         5 4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS								
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STREET ADDRESS . 6.3 STREET ADDRESS .			☐ ner				LL VIRINGE LLJ A	MOILIDIE
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CITY-SI-7/P 64 CITY-SI-7/P 64 CITY-SI-7/P 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	CHY-SI-7/P	by cartify that the information orient	lind with this filing does n			ed in Section 119 07/31/i) Floride Statut	es. I further certify that the	

SIGNATURE: SINATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR