

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
04-29-2002 90006 023 \*\*\*150.00

1. Entity Name  
**ANDERSON QUALITY LAWN CARE, INC.**

Mailing Address  
7643 FAWN LAKE DRIVE NORTH  
JACKSONVILLE FL 32256

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

7. Name and Address of New Registered Agent

Zip Code

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**10. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002 Date

904-759-4179

CR2E034 (9/01)