

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055127 (2)

1. Corporation Name

TRUGREEN LANDSCAPE DEVELOPMENT, INC.



Principal Place of Business

4130 SW 53RD AVE.
DAVE FL 33314

Mailing Address

4130 SW 53RD AVE.
DAVE FL 33314

3. Date Incorporated or Qualified
07/25/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0507696

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

9. Name and Address of Current Registered Agent

KLINE, CHRIS
4130 SW 53RD AVE.
DAVE FL 33314

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and other parties, if applicable)

Date (Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
KLINE, CHRIS
4130 SW 53RD AVE.
DAVE FL 33314

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

☐ Change ☐ Addition

14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS

☐ Change ☐ Addition

24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS

☐ Change ☐ Addition

34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS

☐ Change ☐ Addition

44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS

☐ Change ☐ Addition

54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS

☐ Change ☐ Addition

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)(k), 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:

Chris Kline

Chris Kline

5/1/96

954-877-3265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)