

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000093346 (2)**

1. Corporation Name
BETTER LAWNS & LANDSCAPE, INC.



Principal Place of Business
**10969 FRISCO LANE
JACKSONVILLE FL 32257**

Mailing Address
**10969 FRISCO LANE
JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified 12/23/1994	3a. Date of Last Report 05/01/1995
4. FEIN number 59-3303909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SMITH, CAROLE S
10969 FRISCO LANE
JACKSONVILLE FL 32257**

81. Name	
82. Street Address (P.O. Box Numbers Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 609.01 and 609.02, Florida Statutes.

SIGNATURE: *Carole S. Smith*

12. OFFICERS AND DIRECTORS		
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SMITH, CAROLE S	
STREET ADDRESS	10969 FRISCO LANE	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN E	
STREET ADDRESS	10969 FRISCO LANE	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, STATE, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

14. I hereby certify that the information supplied to the Department and my firm are true and correct and qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicates I am a general agent, an appointed agent, or a trustee 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 ERS-04-12 or ERS-04-13 if on registered or unregistered mail within address.

SIGNATURE: *Carole S. Smith* **CAROLE S. SMITH 3-26-96 904/358-8695**

CR2E034 (12/95)