

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000075392 (7)

1. Corporation Name

GRASS ROOTS PLUS LAWN SERVICE, INC.



Principal Place of Business: ~~1116 KINGSLEY AVENUE ORANGE PARK FL 32073~~  
Mailing Address: ~~1116 KINGSLEY AVENUE ORANGE PARK FL 32073~~

3. Date Incorporated or Qualified: 10/02/1995  
3a. Date of Last Report: [Blank]  
4. FEI Number: 59-3344215  
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

2. Principal Place of Business: 21. 7819 Cloverleaf Street, Jacksonville, FL 32244, U.S.A.  
2a. Mailing Address: 26. 7819 Cloverleaf Street, Jacksonville, FL 32244, U.S.A.

9. Name and Address of Current Registered Agent: ~~KING, DAVID A. ESQ. 1116 KINGSLEY AVENUE ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent: 81. Name: David A. King; 82. Street Address: Attorney at Law; 83. 1416 Kingsley Avenue; 84. City: Orange Park, FL; 85. Zip Code: 32073

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 607.0505, Florida Statutes.

SIGNATURE: *David A. King* (Signature of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCAS, GEORGE R	
STREET ADDRESS	7819 CLOVERLEAF STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
2. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Lucas, Mary Annette	
2.3 STREET ADDRESS	7819 Cloverleaf Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32244	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*233.75

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 owner 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: *Mary Annette Lucas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Mary Annette Lucas, President

Date: [Blank] Daytime Phone #: 565-1-96