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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **S74929**

(8)

95 JAN 13 AM 9:14

1. Corporation Name

**PRO LAWN CARE PLUS, INC.**

Principal Place of Business

1705 WOODS BEND RD.  
WEST PALM BEACH FL 33406

Mailing Address

1705 WOODS BEND RD.  
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1991

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0279256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$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

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

ALVAREZ, PATRICIA R.  
1705 WOODS BEND RD.  
WEST PALM BEACH FL 33406

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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent (not to be a spouse))

(Printed Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

PT  
ALVAREZ, REINALDO A.  
1705 WOODS BEND RD.  
WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

VS  
ALVAREZ, PATRICIA R.  
1705 WOODS BEND RD.  
WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

Change  Addition

Change  Addition

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Change  Addition

Change  Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(a), Florida Statutes. I further certify that the information included 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia R. Alvarez, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA R. ALVAREZ, V.P.

1-9-95  
Date

407-969-1464  
Telephone Number