

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V50661 (0)**

1. Corporate Name
JOHN ALLEN'S LAWN & GROUNDS MAINTENANCE SERVICE INC.

Principal Place of Business
5318 ROYAL OAK DRIVE TAMPA FL 33610



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

3. Date of Incorporation	07/13/1992	3a. Date of Last Filing	04/14/1995
4. FEIN Number	59-3129726	Applied For	Not Applicable
5. Gift of State Securities	<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. Does Corporation have liability for intangible tax under s. 190.04, Florida Statute	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ALLEN, CATHERINE A
5318 ROYAL OAK DRIVE
TAMPA FL 33610**

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. Zip Code **FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Section 602 (a) and 604 (1)(b), Florida Statutes, the following named corporate officer is being designated for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such designation was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (b)(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	ALLEN, JOHN M	
STREET ADDRESS	5318 ROYAL OAK DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	VST	<input type="checkbox"/> DELETED
NAME	ALLEN, CATHERINE A	
STREET ADDRESS	5318 ROYAL OAK DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETED
NAME	ALLEN, CATHERINE A	
STREET ADDRESS	5318 ROYAL OAK DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETED
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 - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.071, Florida Statutes. I further certify that the information indicated on this annual report or a previous 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 holder of a trust agreement. If the certificate is not prepared by Section 607 (b)(2), Florida Statutes, and that my name appears in Block 12 or Block 13 it is changed, or is an alteration of my name.

SIGNATURE: *Catherine A. Allen* Catherine A. Allen 4-16-96 (813) 621-4324

CR2E034 (12/95)