

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000082440

**Entity Name:** B TOTAL LAWN CARE, INC.

**Current Principal Place of Business:**

2040 HOLLY HAMMOCK RD  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

PO BOX 1214  
DELEON SPRINGS, FL 32130

**FEI Number:** 90-0998183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCKENZIE, CHARLENE H  
2030 HOLLY HAMMOCK RD  
DELEON SPRINGS, FL 32130 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PVT  
Name GOEBEL, BRIAN B  
Address PO BOX 1214  
City-State-Zip: DELEON SPRINGS FL 32130

Title S  
Name GOEBEL, BRIAN B  
Address PO BOX 1214  
City-State-Zip: DELEON SPRINGS FL 32130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN B. GOEBEL

PVTS

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date