

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000062593

**Entity Name:** TRIP'S LAWN CARE, INC.

**Current Principal Place of Business:**

5195 ZACHARY BLVD  
PENSACOLA, FL 32526

**Current Mailing Address:**

5195 ZACHARY BLVD  
PENSACOLA, FL 32526

**FEI Number: 84-2990907**

**Certificate of Status Desired: No**

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

TRIPOLI, ZACHERY P  
5195 ZACHARY BLVD.  
PENSACOLA, FL 32526 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 P  
Name TRIPOLI, ZACHERY P  
Address 5195 ZACHARY BLVD  
City-State-Zip: PENSACOLA FL 32526

*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: ZACHERY TRIPOLI**

**PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date