

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F12388

(7)

1. Corporation Name

LAWN MASTER, INC.

Principal Place of Business

3200 JOHNSON AVE.
P. O. BOX 15470
PENSACOLA FL 32514

Mailing Address

3200 JOHNSON AVE.
P. O. BOX 15470
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2049647	Applied For Not Applicable
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. 195.032 Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**WILLIAMS, JOSEPH R JR
3200 JOHNSON AVE.
PENSACOLA, FL
32514**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.02(2) and 607.11(1)(b), 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 Sections 607.02(2) and 607.11(1)(b), Florida Statutes.

SIGNATURE

Signature of Agent (if different from officer or director) (Type or print name)

Signature of Registered Agent (Type or print name)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WEEKLEY, KENNETH L	1 NAME	
STREET ADDRESS	4957 SOUNDSIDE DR	1 STREET ADDRESS	
CITY, ST, ZIP	GULF BREEZE FL	1 CITY, ST, ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOSEPH R, JR	2 NAME	
STREET ADDRESS	1705 BAKALANE AVE	2 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA, FL 00000	2 CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WEEKLEY, WILLIAM R	3 NAME	
STREET ADDRESS	13110 THOMPSON RD	3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFAX VA	3 CITY, ST, ZIP	
TITLE	VPD	TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, SCOTT B.	4 NAME	
STREET ADDRESS	7423 NORTHPOINTE BLVD	4 STREET ADDRESS	7625 BANK FOREST WAY
CITY, ST, ZIP	PENSACOLA FL	4 CITY, ST, ZIP	PENSACOLA, FL 32514
TITLE	VPD	TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, JEFFREY L.	5 NAME	
STREET ADDRESS	7762 NORTHPOINTE BLVD.	5 STREET ADDRESS	750 WOODBINE DR.
CITY, ST, ZIP	PENSACOLA FL	5 CITY, ST, ZIP	PENSACOLA, FL 32503
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MARGARET E	6 NAME	
STREET ADDRESS	1705 BAKALANE AVE	6 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL	6 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), 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 this corporation or the resident or resident-investor to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Scott B Williams **SCOTT B WILLIAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (904) 476-1601
Date Telephone No.