

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F19624** (8)

1. Corporation Name
RAMON LAWN SERVICES INC.



Principal Place of Business
**6059 86 S TERR. LAKE WORTH, FL 33467
P.O. BOX 1422
BOYNTON BEACH FL 33425-1422**

Mailing Address
**6059 86 S TERR. LAKE WORTH, FL 33467
P.O. BOX 1422
BOYNTON BEACH FL 33425-1422**

3. Date Incorporated or Qualified 02/05/1981	3a. Date of Last Report 04/18/1995
4. FEI Number 59-2066500	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. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**SANTIAGO, RAMON
6059 86TH S. TERR.
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 by current registered agent or new registered agent)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change ☐ Addition ☐
NAME	6059 86TH S. TERR.	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SD	1.4 CITY-STATE-ZIP	
TITLE	NAME	2.1 TITLE	Change ☐ Addition ☐
NAME	SANTIAGO, ROSA	2.2 NAME	
STREET ADDRESS	6059 86TH S. TERR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE	Change ☐ Addition ☐
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE	Change ☐ Addition ☐
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	Change ☐ Addition ☐
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE	Change ☐ Addition ☐
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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 119.07(3)(k), 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

Date

Daytime Phone #

CR2E034 (12/95)