

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G27150** (3)  
1. Corporation Name  
**CARR AND SON LAWN CARE, INC.**



Principal Place of Business Mailing Address  
**% JOSEPH D. CARR**  
**1451 SEMINOLA BLVD.**  
**CASSELBERRY FL 32707**  
**% JOSEPH D. CARR**  
**1451 SEMINOLA BLVD.**  
**CASSELBERRY FL 32707-3625**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1983</b>		3a. Date of Last Report <b>06/05/1996</b>	
21		26		4. FET Number <b>59-2261615</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

**CARR, JOSEPH D.**  
**1451 SEMINOLA BLVD.**  
**CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CARR, JOSEPH</b>			1.2 NAME			
STREET ADDRESS	<b>1451 SEMINOLA BLVD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CASSELBERRY, FL 00000</b>			1.4 CITY-ST-ZIP			
TITLE	<b>DVST</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARR, ESTHER</b>			2.2 NAME			
STREET ADDRESS	<b>1451 SEMINOLA BLVD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CASSELBERRY, FL 00000</b>			2.4 CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CARR, JOEL P.</b>			3.2 NAME			
STREET ADDRESS	<b>505 WILSHIRE DRIVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CASSELBERRY FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Esther M. Carr* ESTHER M. CARR 5/01/97 (407)695-1114

CR2E034 (9/96)