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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT [illegible]STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPOR[illegible]ONS

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G75987** **(9)**

1. Corporation Name

QUALITY LAWN, INC.

Principal Place of Business

P.O. BOX 292
HOLLYWOOD FL 33022

Mailing Address

P.O. BOX 292
HOLLYWOOD FL 33022

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **01/02/1984**

3a. Date of Last Report: **03/18/1994**

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: **59-2360903** — Applied For / Not Applicable

22 State Abbreviation

27 State Abbreviation

5. Certificate of Status Desired ( ) — **$8.75** Additional Fee Required

23 City & State

28 City & State

6. Limited Partnership Name Reservation ( ) — **$5.00** May Be Added to Fees

24 Zip 25 County 29 Zip 30 County

8. The corporation is the initial limited partner (Yes or No): Florida Statutes ☒ Yes ( ) No

9. Name and Address of Current Registered Agent

CULL, ROBERT J.
1917 HARDING ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number not Acceptable)

83

84 City **FL** 85 Zip Code

11. Optional Business Purpose (Corporations may state any lawful purpose for which a corporation may be organized under the Florida Statutes. Be specific. Limited partnerships must state the purpose of business conducted in Florida. Trusts, estates, or other forms of business organization may not be registered.)

SIGNATURE

12. OFFICER AND DIRECTOR

TITLE	PVT
NAME	CULL, ROBERT J.
STREET ADDRESS	1917 HARDING ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	SD
NAME	CULL, ROBERT J.
STREET ADDRESS	1917 HARDING ST
CITY-ST-ZIP	HOLLYWOOD FL

13. ADDITIONAL OFFICER AND DIRECTOR

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an asterisk, for each person required to be listed. Delinquency fees may be assessed for failure to file this report timely.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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