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 # **G78014** **(9)**

1. Corporation Name
A-1 MOWER OF CHARLOTTE COUNTY, INC.

Principal Place of Business
4079 TAMIAMI TR
PORT CHARLOTTE FL 33395
US

Mailing Address
23440 JANICE AVE
CHARLOTTE HARBOR FL 33980
US

2. Principal Place of Business
21 4079 TAMIAMI TR
Suite, Apt. #, etc.
22
City & State
23 PORT CHARLOTTE FL
Zip
24 33952
Country
25 CHARLOTTE

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30 CHARLOTTE

3. Date Incorporated or Qualified: **01/10/1984**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2355441** ☐ 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

9. Name and Address of Current Registered Agent

MCGREADY, FRED
23440 JANICE AVE.
CHARLOTTE HARBOR FL 33980

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	MCGREADY, WILFRED	
STREET ADDRESS	23440 JANICE AVE	
CITY-ST-ZIP	PORT CHARLOTT FL	
TITLE	DVS	☐ DELETE
NAME	MCGREADY, MARY J	
STREET ADDRESS	23440 JANICE AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D-V-T	☒ Change ☐ Addition
1.2 NAME	MCGREADY, WILFRED	
1.3 STREET ADDRESS	23440 JANICE AVE	
1.4 CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
2.1 TITLE	D-P-S	☒ Change ☐ Addition
2.2 NAME	MARY J MCGREADY	
2.3 STREET ADDRESS	23440 JANICE AVE	
2.4 CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Wilfred McGready WILFRED MCGREADY 2-27-96 441-627-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)