

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G78014

1. Corporation Name

A-1 MOWER OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

4079 TAMiami TRAIL
PORT CHARLOTTE, FLORIDA 33952

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

1-10-84

3-8-96

4. FEI Number

Applied For

59-2355441

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

10. Name and Address of New Registered Agent

81 Name

MARY J. MCGREADY

82 Street Address (P.O. Box Number is Not Acceptable)

23440 JANICE AVENUE

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33980

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

Mary J. McGready

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 stated 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:

Mary J. McGready

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29-97

Date

Daytime Phone #

CR2E034 (9/96)