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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H04571

(6)

PERFACUT LAWN MAINTENANCE, INC.

| FILED | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Apr 25 1997 8:00am | | | | | | | | | |
| Secretary of State | | | | | | | | | |

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|--|---|--|-------------------------------|-------------|---------------------------------------|--|----------------------|--|--------------------------------|
| Principal Place of Business Mailing Address | | | | | | 1100,000 | | | |
| 1511 1/2 E. FOWLER AVE. 1715 E. FOWLER AVE SUITE 101 | | | | | | | | | |
| STE #36 TAMPA FL 336 | 40 | TAMPA FL 33612-5523 | | | | | | | |
| US | 12 | | | | | 3. Date Incorporated or Qualified | 38. | Date of Last F | Report |
| 100 | | | | | | 05/22/1984 | | 4/26/1996 | |
| 9 Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For |
| 21 | <u></u> , | | | | | 59-2416514 | | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 00 2410014 | | | Additional |
| 22 | m, 0(C. | 27 | | | 5. Certificate of Status Desired | | 4 - · · · | Additional lequired | |
| City & State City & State | | | | | | 6 Flastica Comparina Financina | | | |
| 23 | | — · | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip Country | | | | This corporation has liability for intangible tax under s. 199.032. | | | |
| <u> </u> | | | 30 |] | | | | Die tax under s ☐ No | 5. 198.032, |
| 24 | 25 Name and Address of Curren | | 130 | | | 10. Name and Address of New Registered Agent | | | |
| | | t tropictor rigorit | 8 | 1 | Name | | | | |
| | SENBAUGH, MARK W. | | | ⅃. | | | | | |
| 1902 E. 115 AVENUE | | | 8: | 82 Street A | | ess (P.O. Box Number is Not Accept | able) | | |
| TAM | IPA FL 33612 | | 8 | - | | | | | |
| | | | 6 | 3 | | | | | |
| | | | . 8 | 4 | City | | | . 85 Zip | Code |
| | | | | ⊥ | | | F | <u>L</u> | |
| 11. Pursuant | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig. | 2 and 607.1508, Florida Statu of Florida, Such change was | ites, the abo authorized t | ve- hv | named corporation | oration submits this statement for the on's board of directors. Thereby acc | purpose ept the e | ⇒of changing i appointment as | its registered s registered |
| agent. I a | am familiar with, and accept the oblig- | ations of, Section 607.0505, F | lorida Statut | es. | | | | | 0 |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered ago | | | gen | n signature require | od when reinstating) | DATE | | 50.01.10 |
| 12. | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS A | Change | |
| TITLE | PT | DELETE 1.1 | | | | • | | L. Change | AUUIIIUII |
| NAME | GROSENBAUGH, MARK W. | | 1.2 NAM | E | | ı | | | |
| STREET ADDRESS | 1902 E 115 AVE. | | 1.3 STRE | ET A | ADORESS | | | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY | - 51 | - ZIP | | | | |
| TITLE | VS | VS DELETE 2.1 | | 2.1 TITLE | | | | Change, | . Addition |
| NAME | GROSENBAUGH, BRENDA M. | | 2.2 NAMI | F | | | | | 4 |
| STREET ADDRESS | 1902 E. 115TH AVE. | | 2.3 STRE | E1 A | ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL | | 2. 4 CITY | /- ST | 1 - 21P | | | | |
| TITLE | | | 3.1 THTLE | | | | | Change | Addition |
| NAME | | | 3.2 NAMI | E | | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY | r-ST | T- 71P | | | | |
| TITLE | | DELEYE | 4.1 7(TLE | <u> </u> | | | | Change | Addition |
| NAME | | | 4. 2 NAM | AE. | | | | | |
| STREET ADDRESS | | | 4.3 S1RE | ETA | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | Change | Addition |
| NAME | | | 5.2 NAM | | | | | • | |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | |
| | 1. | | 1 | | - 1 | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 54 CITY- 61 TILLE | | -114 | | | Change | Addition |
| 1 | 1 | [_] better | | | | | | Total Oriental | / required! |
| NAME | I | | 6.2 NAM | IE. | | | | | |

6.3 STREET AUDRESS 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 12 if changed, or on an attachment with an address.