SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT-DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

 PROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

SOUTH BREVARD MOWERS & LAWN CARE, INC.

incipal Place of Business	Mailing Address
980 Palm Bay Road N.E.	1980 PALM BAY ROAD N.E.
Palm Bay Fl 32905	PALM BAY FL 32905

FILED Sep 19 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address										
1990 PALM BAY ROAD N.E. 1990 PALM BAY ROAD N.E.			N.E.									
PALM BAY FL 32905 PALM BAY FL 32905							DO NOT WRITE	SDACE				
							3. Date Incorporated or Qualified		ate of Last F	Report	٦	
							06/26/1984	1	/29/1996	-		
2. Principal Pl	ace of Businoss	2a. Mailing Address					4. FEI Number			oplied For	1	
21		26					59-2419578		No	ot Applicable]	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	!	
City & State		City & State	City & State				6. Election Campaign Financing			Мау Ве	٦	
23		28				Trust Fund Contribution		Added	to Fees	↲		
Zip	Country Zip Cou			ntry	C. This corporation of the part the came							
24	25 g, Name and Address of Currer	29	[30]				Personal Property Tax due June 10. Name and Address of New Re			No	┨	
A)A C	SH, CHARLES IAN	ir inchiatoren wägilt		81	Name		IV. Hame Blic Mucless of Hew Me	Aisracao	∨Agurr.		╁	
	S. HARBOR CITY BLVD.			82		Addre	ss (P.O. Box Number is Not Acceptal	(alc	•		4	
	BOURNE FL 32901					, 10016	200 ft 201 DON HOURDON IS NOT NOCOPICAL				╽	
				83								
•				84	City			FL	85 Zip	Code	1	
11. Pursuant t office or re agent. I ar	o the provisions of Soctions 607.050 ogistered agent, or both, in the State on familiar with, and accept the oblig.	12 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the at authorized lorida Stat	oove d by utos	e-named / the cor s.	corpo poratio	oration submits this statement for the pon's board of directors. I hereby acce		f changing is pointment as	ts registered registered	1	
SIGNATURE	Signature, typed or printed name of registered ago	oot and tilla II anydeabla (NC	II. Don'etoros		and eigenstate	a seculsor	d when reinstating)	DATE				
12.	OFFICERS AN		13.	Age	9/K signa:ure	в поцинес	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	٦,	
TITLE	PD	☐ DELETE	1.1 Tr	TLE		[Noormand of the control of the contr	52.107.41	☐ Change	Addition		
NAME	WARREN, JOHN R.	12 N		1.2 NAME 1.3 STREET ADDRESS								
STREET ADDRESS	545 COCONUT DR 13		1.3 ST									
CITY-ST-ZIP	INDIALANTIC FL		1.4 CI	TY-\$	T-712							
TITLE	D	DELETE	2.1 11	LE					Change	Addition	7	
NAME	WARREN, ANA J.		2.2 N/	ME								
STREET ADDRESS	545 COCONUT DRIVE		2.3 ST	REET	ADDRESS							
CITY-ST-ZIP	INDIALANTIC FL		2.4 C	TY- 9	ST - ZIP							
TITLE		DELETE	3.1 TI	ſLΕ					Change	Addition		
NAME			3.2 NA	ME		1					ł	
STREET ADDRESS			3.3 ST	REET	ADDRESS							
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NAME			5.2 NA									
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TITLE		□ nerrie	6.1 111						☐ Change	LT KOULUON		
NAME			6.2 N.4									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			6.4 CI	Ç-YI	T-21P	1					-1	

14. Ido hereby certify that the information supplied with this filing does not quality 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 of only attachment with an address.