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

DOCUMENT # H22043

(4)

JERRY'S LAWN AND PATIO, INC.

FILED
May 05 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 2215 HAYES STREET 2215 HAYES STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-34			497					
					 Date Incorporated or Qualified 09/20/1984 	,	ate of Last R 30/1996	leport
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number 59-2500436		Ar	pplied For of Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.), Apt. #, etc.		Certificate of Status Desired		\$0.7E + 100		
City & State		City & State			6. Election Campaign Financing			May Be
23	Constant	28	T. Caus		Trust Fund Contribution		Added	to Fees
Ζφ 24	Country 25	Z(p 29	Cour 30	itry	8. This corporation has liability for Florida Statutes	r intangible 【Z] Yes 【		i. 199.032,
	lame and Address of Curi		1001		10. Name and Address of New F			
MIDDLETC	IN, JESSE JEROLD			81 Name				
2215 HAY	ES STREET		}	82 Street Add	fress (P.O. Box Number is Not Accept	able)		
HOLLYWO	OD FL 33020		Ĺ					
			Į.	83				
			}	B4 City			85 Zip	Code
	· · · · · · · · · · · · · · · · · · ·				poration submits this statement for the ation's board of directors. I hereby acc	FL	<u>. </u>	
SIGNATURE	. typed or perbill rame of registored				uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		***************************************
TITLE POT	***************************************	DELETE	1.1 7(7)	.E		~ 	Change	Addition
	DLELTON, EMILIE		1.2 NAI	ME				
STREET MODELLOSS) PARK STREET		1.3 STF	EET ADDRESS				
CHILLSON CH	LYWOOD FL		1.4 CIT	Y-ST-ZIP				
THILE VDS		L] DELETE	2.1 TIT	.E			Change	Addition
	DLETON, JESSE		2.2 NAI	ME				
) Park St. Lywood Fl		2.3 STF	EET ADDRESS				
	LIMOOD PL	☐ DELETE		Y-ST-ZIP			Change	Addition
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STREET ADDRESS				1				
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CITY ST - 21F				Y-ST-ZIP				
INLE		DELETE	5.1 TiT				Change	Addition
NAME		parent	5.2 NA	i				
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1016		DELETE	6.1 TIT				Change	Addition
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! .				Y-\$T-ZIP				
City-51-Zif			0.4 611	1 - 01 - 61	71 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. W/eLon 4-27-97 954-966-7980