

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H51941 (3)**
1. Corporation Name
ZERGOTT LAWN SERVICE, INC.



Principal Place of Business: % BRUCE C. ZERGOTT, 1919 6 COURTNEY DR, FT. MYERS FL 33901
Mailing Address: % BRUCE C. ZERGOTT, 1919 6 COURTNEY DR, FT. MYERS FL 33901

3. Date Incorporated or Qualified: **04/12/1985**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **59-2581168**
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

2. Principal Place of Business: **BRUCE C. ZERGOTT**
2a. Mailing Address: **BRUCE C. ZERGOTT**
22. Suite, Apt. #, etc.: **713 SE 44th St**
27. Suite, Apt. #, etc.: **713 SE 44th St**
23. City & State: **CAPE CORAL, FLA**
28. City & State: **CAPE CORAL, FLA**
24. Zip: **33904**
25. Country:
29. Zip: **33904**
30. Country:

9. Name and Address of Current Registered Agent: **ZERGOTT, BRUCE C. 713 S.E. 44TH STREET CAPE CORAL FL 33904**
10. Name and Address of New Registered Agent: **FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERGOTT, BRUCE C.	12. NAME	
STREET ADDRESS	9350 LENNEX LANE #807	13. STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14. CITY-ST-ZIP	
TITLE	VD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERGOTT, WILLIAM R.	22. NAME	
STREET ADDRESS	29857 LORAIN ROAD	23. STREET ADDRESS	
CITY-ST-ZIP	NORTH OLMSTED OH	24. CITY-ST-ZIP	
TITLE	TDS	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERGOTT, BARBARA	32. NAME	
STREET ADDRESS	29857 LORAIN ROAD	33. STREET ADDRESS	
CITY-ST-ZIP	NORTH OLMSTED OH	34. CITY-ST-ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALTER, AL	42. NAME	
STREET ADDRESS	53 WEST MARIANA AVE	43. STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: *Bruce Zergott* 5-1-96 945-3724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)