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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

H52098

(1)

LAWNS	CAPE SYSTEMS, INCORPO	ORATED					
incipal Place o	f Business	Mailing Address		i (SBISH BIB) State Han colle se	10: 10:: 2:0:: 4		4-1
P.O.BOX 16622 P.O.		455 TRESCA RD. P.O.BOX 16622					
		JACKSONVILLE FL 32245		3. Date Incorporated or Qualified			
				04/11/1985		02/13/19	
Principal Plac	e of Business	2a. Mailing Address		4, FEI Number 59-2529240		⊢ ⊢	Applied For Not Applicable
		26 Cuita Ant # etc					Additional
Suite, Apt. #,	elc.	Suite, Apt. #, etc.		Certificate of Status Desired	X		Required
City & State		City & State		6. Election Campaign Financing		\$5.0	May Be
, , ,		28		Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible es X No	tax under s	199.032,
	25	29	30	Florida Statutes Ye 10. Name and Address of New		d Apent	
	9. Name and Address of Curren	it Dedistelen Wäelit	81 Name	10. House the content of the			
LEMBCKE, CHARLES B.							
	E, CHARLES D. DEPENDENT SQUARE		82 Street Ac	ddress (P.O. Box Number is Not Accept	abioj		
	NVILLE FL 32202		83				
UNUNUU	THE I E OFFICE		84 City			. 85 Zi	p Code
					F	LII	
i. Pursuancio	d agent, or both, in the State of Flori	da. Such change was authori	zed by the corporation's b	poration submits this statement for the poard of directors. I hereby accept the ap	pointment	as registered	l agent. I am
or registere familiar with				poration submits this statement for the poard of directors. I hereby accept the ap			
or registere familiar with	ilg lature, typed or printed han e of registered again	t and title if apylicable (N	VOTE: Registered Agent signature req	jured when reinstating)	DATE		
or registere familiar with GNATURE	aly where, typed or printed mane of registered agent OFFICERS AN	t and title if applicable: (N	KOTE: Registered Agent signature req		DATE	ND DIRECTO	
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