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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

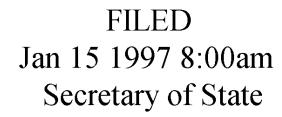
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(0)

GRASSHOPPER LAWN MAINTENANCE AND LANDSCAPING, IN

Principal Place of Business

Mailing Address





| 15551 OKEECHOBEE BLVD LOXAHATCHEE FL 33470 | | 1445 LONGLEA TERR. WELLINGTON FL 33414-9051 | | | | | | |
|---|--|--|-----------------------|--|--|--|------------------------------|--|
| US | | | | | 3. Date Incorporated or Qualified 08/23/1985 | 3a. Date of Last F | Report | |
| | ace of Business | 2a. Mailing Address | , | | 4. FEI Number | L A | pplied For | |
| 21 | | 26 | | | 59-2581385 | | ot Applicable | |
| Suite, Apt = | | Suite, Apt. #, etc | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | ng \$5.00 May Be Added to Fees | | |
| Zip 24 | 25 29 30 | | Count | Florida Statutes | | s. 199.032, | | |
| | g. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Reg | latered Agent | | |
| | erra, jim | | 8 | Name | | | | |
| 1445 LONGLEA TERR. Wellington Fl | | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| İ | | | В | | | | | |
| | | | 8 | City | | FL 85 Zip | Code | |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblic | e of Florida. Such change was | authorized I | by the corpo | corporation submits this statement for the poration's board of directors. I hereby accep | urpose of changing t the appointment as | its registered registered | |
| SIGNATURE | The state of the s | gamono on cooling to 1.0000, 11 | orica brata | | | | ļ | |
| | Signature, typed or prefed name of mg sered ac | gent and the if applicable (NO) | E Registered A | gent signature n | equired when reinsland) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PD | L_] DELETE | 1.1 TITLE | ļ | | Change | Addition | |
| NAME | LESERRA, JIM | | 1.2 NAM | | | | | |
| STREET ADDRESS | | | 1.3 STRE | T ADDRESS | | | | |
| CITY - S! - ZIP | | | 1.4 CITY | | | Chanas | Addition | |
| TITLE | VST | ☐ DELETE | 2 1 TITLE | ì | | ☐ Change | Addition | |
| NAME | | | 2.2 NAMI | | | | | |
| STREET ADORESS | MICH HADOTON FA | | 1 | T ADORESS | | | ļ | |
| CITY-S1-ZIP | | | 2 4 CITY 3 1 TITLE | | DIDEALAD | Change | Addition | |
| | • | C Dettile | 3,2 NAM | | DIRECTOR | Change | Rodition | |
| NAME | | | 4 | ET ADDRESS | DUSTIN LESERRA 1445 LONGEA TERR | | | |
| STREET ADDRESS | | | 3.4. CITY | | WELLINGTON FL 334 | (III | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 TITLE | | | | Addition : | |
| NAME | | | 4. 2 NAM | | COKY LESERRA | 0.2.igu | GE - 100101011 | |
| STREET ADDRESS | | | | ET ADDRESS | CORY LESERRA 1445 LONGLEA TERR. WELLINGTON, FL 331 | · Carr | | |
| CITY-ST-ZIP | | | 4.3 3 ITC | | WC | 414 | | |
| TITLE | | ☐ DELETE | 51 TITLE | | | ☐ Change | Addition | |
| NAME | | | 5.2 NAM | | | • | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 City | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Change | Addition | |
| NAME | | | 6.2 NAM | | | | | |
| STREET ADDRESS | | | 63STRE | ET ADDRESS | | | | |
| CITY - ST - ZIP | | | 6.4 CITY | ST-ZIP | | | | |

14. I do hereby certify that the information supplied with this filing does information indicated on this annual report or supplemental annual I am an officer or director of the corporation or the receive of trust appears in Block 12 or Block 13 if charged or trust appears. portiquality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the appoint is true and accurate and that my signature shall have the same legal effect as if made under oath; that appropriet to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED O