FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H77926** **(4)**

1. Corporation Name

TRIMLAWN, INC.

Principal Place of Business	Mailing Address
3742 NW 16TH ST. LAUDERHILL FL 33311 US	3742 NW 16TH ST. LAUDERHILL FL 33311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1985**

3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City, & State — 23

City, & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: **59-2592941** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GALATIS, STEVE
3742 NW 16TH ST.
LAUDERHILL FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	VTS	☐ Change ☐ Addition
NAME	GALATIS, STEVE	
STREET ADDRESS	521 NE 13TH CT.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PC	☐ Change ☐ Addition
NAME	GOITIA, STEVE	
STREET ADDRESS	5405 NW 27 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is accurate and 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 1 or in Block 13 if changed or added by an attachment with an asterisk.

SIGNATURE: Steve Galatis — May 3, 1995 — 791-3544

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone Number

02180000 CP