

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J10707 (4)

1. Corporation Name

SUNCOAST LAWN SERVICE OF BREVARD, INC.



Principal Place of Business

2426 SADLER LANE
MELBOURNE FL 32935

Mailing Address

2426 SADLER LANE
MELBOURNE FL 32935

3. Date Incorporated or Qualified

04/21/1986

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

MACHON, ROBERT M.
1473 DANDELION DRIVE
MELBOURNE FL 32935

4. FEI Number

59-2684285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

PST
MACHON, ROBERT
1473 DANDELION DR.
MELBOURNE FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6. 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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:

Robert Machon

Robert Machon

4/12/96

(407) 254-7554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Week Phone #

CR2E034 (12/95)