

FILE NOW: FILING FEE AFTER MAY 1 IS \$5,000

FILED  
Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. McMan  
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 32935-3261



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
04/21/1986

3a. Date of Last Report  
04/18/1996

4. FEI Number  
59-2684285

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

MACHON, ROBERT M.  
1473 DANDELION DRIVE  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name Machon, Robert M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4794 Quail Run Place  
83  
84 City Melbourne FL 85 Zip Code 32904

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 of typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	MACHON, ROBERT	
STREET ADDRESS	1473 DANDELION DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Machon, Robert	
1.3 STREET ADDRESS	4794 Quail Run Place	
1.4 CITY-ST-ZIP	Melbourne FL 32904	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for 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 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

*Robert Machon* (Signature) *Robert Machon* (Typed Name) 2/26/97 (Date) (407) 254-3554 (Phone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone #

0104129

CR2E034 (9/96)