

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

AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR -3 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61554 (8)

1. Corporation Name
FRENCHY'S BONDED LAWN SPRAY SERVICE, INC.

Principal Place of Business Mailing Address
**810 NE 88 STR
MIAMI FL 33138
US** **810 NE 88 STR
MIAMI FL 33138
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/12/1987		3a. Date of Last Report 04/25/1994	
4. FEI Number 65-0167049		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Same		26 Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEBRUN, MICHAEL 810 NE 88 STR MIAMI FL 33138				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, 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 agree to, the obligations of Section 607.0507, Florida Statutes.

SIGNATURE: *Michael Lebrun* DATE: _____
(Print, type, or correct name of registered agent. Label fee if applicable.) (Print. Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBRUN, MARISOL	1.2 NAME	LEBRUN MARISOL President
STREET ADDRESS	810 NE 88 STR	1.3 STREET ADDRESS	810 NE 88 STR
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33138 Secretary
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBRUN, MICHAEL	2.2 NAME	LEBRUN MICHAEL Vice President
STREET ADDRESS	810 NE 88TH ST	2.3 STREET ADDRESS	810 NE 88 ST
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI FL 33138
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Marisol Lebrun* DATE: **2/27/95** ID: **365 759 4592**
(Print, type, or correct name of signing officer or director.) (Print.) (Print.)