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 #

1. Corporation Name

(1)

CUTRITE LAWN MAINTENANCE, INC.										
Principal Place of C/O SCOTT I 1911 BELL SI BRANDON FL	LEWIS JOHNSON HONS ROAD	Mailing Address % SCOTT LEWIS JOHNSON 1911 BELL SHONS ROAD BRANDON FL 33511								
US US	. 33311					3. Date Incorporated or Qualified			5 5	
2. Principal Place	e of Business	2a. Maiing Address				4. Ft : Number Applied For Not Applied ble				
Suite, Apt. #.	etc.	Suite Apt. #, etc.				5. Cert ficate of Status Desired	Cert ficate of Status Desired S8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zφ 24	Country 25	Zip 29	30	ilry		8. This corporation has liability for in Florida Statutes Yes	□ No		9.032	
	9. Name and Address of Currer	nt Registered Agent			Nama	10. Name and Address of New R	egistered Ager	<u></u>		
IOI INIO	NE CONTESTIO			81	Name					
	on, scott lewis Ell shals RD.		Ī	82	Street Address (P.O. Box Number is Not Acceptable)					
	ON FL 33511		}	83						
DIVITO	31. 12 00011			84	City		8!	5 Zip C	Code	
					L	oration submits this statement for the pur	FL "	o ite roci	istored office	
SIGNATURE.	adjust, or both the obligations of Sec	taid steid assente IO DIRECTORS	MOTE: Registered		it signature requi	ADDITIONS CHANGES TO OFF	DATE ICERS AND DIR		S IN 12	
TITLE	JOHNSON, SCOTT LEWIS	☐ DELETE	1 1 1 1					ia ige. [C) ARRIGIN	
NAME	1911 BELL SHOALS RD.		12 N/		AUDOESS					
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CITY - ST - ZIP			640	TY-	SI-ZIP		1 07/2/04 Flored	Ctol.d-	o Ltuethor	
certify that	, certify that the information supplied the information indicated on this an lam an officer or director of the corp Block 12 or Block 13 if all anged, o	nua' report or supplemental. poration or the receiver or tru	annuai report istee enipowe	cio is tr ered	es not qualif rue and acci I to execute	y for the exemption stated in Section 11: trate and that my signature shall have th this report as required by Chapter 607, f	e same legal effe londa Statutes;	et as if r and that	made under my name	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 684 2145