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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K04495

(3)

1. Corporation Name

MAC PERRY'S LAWN-GUARD NORTH, INC.

Principal Place of Business

11433 HAMLIN BL
LARGO FL 34644

Mailing Address

11433 HAMLIN BL
LARGO FL 34644

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
03/22/1994

4. FEI Number
59-2868838

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

PERRY, ELVIS T
11433 HAMLIN BL
LARGO FL 34644

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

(If the corporation is not a corporation, the registered agent must sign this statement.)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

101

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PERRY, ELVIS T.
11433 HAMLIN BLVD
LARGO FL

102

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PERRY, IRIS B.
11433 HAMLIN BLVD
LARGO FL

103

NAME

STREET ADDRESS

CITY-ST-ZIP

104

NAME

STREET ADDRESS

CITY-ST-ZIP

105

NAME

STREET ADDRESS

CITY-ST-ZIP

106

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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 the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a name under penalty of perjury. I am a 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 on Block 12 of this form if changed, or on an attachment with an address.

SIGNATURE:

Elvis T. Perry (ELVIS T. PERRY)

2/20/95 813 595 8205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number