

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -2 AM 9:04

DOCUMENT # **K15397 (8)**

1. Corporation Name  
**D&V LAWN & CERAMICS SERVICES INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**% VERNON HAMENDE**  
**11352 61ST AVE N.**  
**SEMINOLE FL 34642-6635**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/08/1988**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**

4. FEI Number      Applied For  
**59-2869043**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**

5. Certificate of Status Desired      **\$8.75 Additional Fee Required**

City & State      City & State  
**23**      **28**

6. Election Campaign Financing      **\$5.00 May Be Added to Fees**  
Trust Fund Contribution     

Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

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

9. Name and Address of Current Registered Agent  
**HAMENDE, VERNON**  
**11352 61ST AVE N.**  
**SEMINOLE FL 33542**

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 the filer)      (NOTE: Registered Agent signature required when mandating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMENDE, VERNON</b>	12 NAME	
STREET ADDRESS	<b>11352 61ST AVE N.</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>SEMINOLE FL</b>	14 CITY, ST, ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMENDE, DONNA</b>	22 NAME	
STREET ADDRESS	<b>11352 61ST AVE N.</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>SEMINOLE FL</b>	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: *Donna Hamende*      **DONNA HAMENDE**      **5-26-95**      **813-398-4801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)