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FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K15397 (8)

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

Principal Place of Business

Mailing Address

% VERNON HAMENDE
11352 61ST AVE N.
SEMINOLE FL 34642-6635

% VERNON HAMENDE
11352 61ST AVE N.
SEMINOLE FL 33772-6635

3. Date Incorporated or Qualified

02/08/1988

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 11352 61st Ave N.
Suite, Apt. #, etc

26 11352 61st Ave N.
Suite, Apt. #, etc

22

27

City & State

City & State

23 SEMINOLE, FL

28 SEMINOLE, FL

Zip

Country

Zip

Country

24 33772

25 PINELLAS

29 33772

30 PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMENDE, VERNON
11352 61ST AVE N.
SEMINOLE FL 33542

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 DONNA M. HAMENDE PRES.

4.25.97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HAMENDE, VERNON
STREET ADDRESS 11352 61ST AVE N.
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HAMENDE, DONNA
STREET ADDRESS 11352 61ST AVE N.
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE: DONNA M. HAMENDE DONNA M. HAMENDE

4.25.97 813-318-4801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0381608