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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K18253

(0)

1. Corporation Name

A & C LAWN CARE, INC.

Principal Place of Business

% DONALD P. COUTURE  
1244 TWIN CONE CT  
ORLANDO FL 32822

Mailing Address

% DONALD P. COUTURE  
1244 TWIN CONE CT  
ORLANDO FL 32822-8178

3. Date Incorporated or Qualified

03/09/1988

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2879346

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

9. Name and Address of Current Registered Agent

COUTURE, DONALD P.  
1244 TWIN CONE CT  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81

Name

NIKI COUTURE

82

Street Address (P.O. Box Number is Not Acceptable)

1244 TWIN CONE CT

83

84

City

ORLANDO

FL

85

Zip Code

32822

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

*Niki Couture*  
Signature, typed or printed name of registered agent and title, if applicable.

NIKI COUTURE

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-97

12. OFFICERS AND DIRECTORS

TITLE D COUTURE, NIKI  
NAME COUTURE, NIKI  
STREET ADDRESS 1244 TWIN CONE CT  
CITY-ST-ZIP ORLANDO FL

TITLE D COUTURE, DONALD  
NAME COUTURE, DONALD  
STREET ADDRESS 1244 TWIN CONE CT  
CITY-ST-ZIP ORLANDO FL

TITLE D COUTURE, ANDREW S.  
NAME COUTURE, ANDREW S.  
STREET ADDRESS 1244 TWIN CONE CT  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

*Niki Couture*

4-20-97

407-826  
58-8

CR2E034 (9/96)