

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K22591

(7)

1. Corporation Name

LMB LAWN SERVICE, INC.

Principal Place of Business

MCBRAYER, LYNN ALAN  
775 SAGE AVENUE  
WELLINGTON FL 33414

Mailing Address

MCBRAYER, LYNN ALAN  
775 SAGE AVENUE  
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1988

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0050927

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCBRAYER, LYNN ALAN  
775 SAGE AVENUE  
WELLINGTON FL 33414

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 of Registered Agent (print name and title)

Signature of Registered Agent (print name and title)

Date

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

MCBRAYER, LYNN ALAN  
775 SAGE AVENUE  
WELLINGTON FL

STREET ADDRESS

CITY, ST, ZIP

TITLE

D

NAME

MCBRAYER, SUSAN S.  
775 SAGE AVENUE  
WELLINGTON FL

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 NAME

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 NAME

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

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☐ Change ☐ Addition

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25 STREET ADDRESS

26 CITY, ST, ZIP

27 NAME

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 NAME

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 NAME

☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and given most fully for the information stated in Section 119.07(9)(a), Florida Statutes. I further certify that the information included 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, as required, or as an attachment with an address.

SIGNATURE:

*Lynn A. McBrayer*

NAME AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*Lynn A. McBrayer*

*President*

*4-29-95*

*7485775*