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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K22729

1. Corporation Name

(3)

LLOYD LAWN SERVICE, INC.

	of Duringer	Mail and Addison			
Principal Place		Mailing Address			
% George G. Lloyd 5107 Oak Hill Road Delray Beach Fl 33484		% GEORGE G. LLOYD 5107 OAK HILL ROAD			
		DELRAY BEACH FL 33484		3. Date Incorporated or Qualified 3a.	Date of Last Report
				05/05/1988	05/10/1995
2. Principa' Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0047903	Not Applicable
Suite, Apt. #	₹, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Crty & State		City & Stale			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Σμ. Ζφ	Country	Zip	Country	8. This corporation has liability for intangib	
24	25	29	30	Florida Statutes Yes N	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
	GEORGE G.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
-	AK HILL ROAD				
DELRAY	BEACH FL 33484		83		
			84 City		85 Zip Code
11 Characterist	o the provisions of Sections 607 055	22 and 607 1609. Fladda Ptatut	to the shows seemed seemed	ration submits this statement for the purpose o	FL 85 24 Code
SIGNATURE	Sky at ite, typed or profest name of registered ag- OFFICERS A	r Land Ole Pap Justine (NO NO DIRECTORS DELETE	13.	of when neristating) ADDITIONS/CHANGES TO OFFICERS	
NAM:	LLOYD, GEROGE G.		1.2 NAME		
STREET ADDRESS	5107 OAK HILL ROAD		1.3 STREET ADDRESS		
C-1Y+ST+7/P	DELRAY BEACH FL		1.4 CITY - ST - ZIP		
1411	STD	☐ Detete	2 1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, DORIS D		2.2 NAME		
STREET ACCURESS	5107 OAK HILL ROAD		2.3 STREET ADDRESS		
CITY ST ZIP	DELRAY BEACH FL	DELETE	2 4 CITY - ST - ZIP		FT Channe FT Addition
1-1CF NAME		- J Dett it	3. 1 TITLE 3 2 NAME		Change Addition
STREE! ADDRESS			3.3 STREET ADDRESS		
CITY+S1-ZIP			3 4 CITY - ST - ZIP		
Hite		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		_ · _
STREET ADDRESS			4 3 STREET ADDRESS		•
CHTY+ST ZIP			4 4 CITY-ST-7IP		
Uf.E		DELETE	5. 1 TITLE		Change Addition
N4ME			5 2 NAME		
STEEL LADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 C-TY - ST - ZIP		
THE		☐ DELETE	6 1 TITLE		Change Addition
NAME CANALL AREMORE			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereb	I y certify that the information subclied	d with this filing is voluntarily fun	64 CITY-ST-ZIP nished and does not qualify f	for the exemption stated in Section 119 07/31/k), Florida Statutes. I further
certify that cath, that appears in	the information indicated on this an Lam an officer or director of the corp Block 12 or Block 13 if	nual report or autoplement I am poration or the proceiver of truster rion an attack rion with in a did	nual report is true and accura se ampowered to execute thi	or the exemption stated in Section 119.07(3)(k ate and that my signature shall have the same I is report as required by Chapter 607, Florida S	egal effect as if made under tatutes; and that my name

SIGNATURE:

RIGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OF DIRECTOR

1.23.96 Date

(40) 498 3715

3R2E034 (12/95)