FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K31934 **(8)**

1. Corporation Name
COUNTRY BILL'S LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
% JOHN ALLRED SR 1409 NE 129 ST NORTH MIAMI FL 33161	% JOHN ALLRED SR 1409 NE 129 ST NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 13363 NE 16 Ave
22: Suite, Apt. #, etc.
23: City & State: North miami FL.
24: Zip: 33161
25: Country: DADE

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0074417 ☐ 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

ALLRED, JOHN SR
1409 NE 129 ST
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

91 Name: John W. Allred JR.
92 Street Address (P.O. Box Number is Not Acceptable): 13363 NE 16 Ave
93: No
94 City: North miami FL 95 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] 4-23-95
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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ALLRED, JOHN SR	1.2 NAME	John W. Allred JR.	
STREET ADDRESS	1409 NE 129 ST	1.3 STREET ADDRESS	13363 NE 16 Ave	
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	North miami FL. 33161	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ALLRED, JOHN JR	2.2 NAME	John W Allred SR	
STREET ADDRESS	1409 NE 129 ST	2.3 STREET ADDRESS	13363 NE 16 Ave	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	North Miami FL. 33161	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: [signature] John W. Allred JR. 4-23-95 778-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0173676 CP