

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

APPROVED
AND
FILED

95 MAY 27 12:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K35808

(0)

1. Corporation Name

CENTRAL FLORIDA SALVAGE, INC.

Principal Place of Business

Mailing Address

1700 NORTH BETTY LANE
CLEARWATER FL 34615-1901

1700 NORTH BETTY LANE
CLEARWATER FL 34615-1901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1988

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. # etc.

State Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2878776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statute ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, GREGORY A.
2380 DREW STREET, SUITE 3
CLEARWATER FL 34625

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 607.0802 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 607.0506, Florida Statutes.

SIGNATURE

(If non-stock corporation, Appointment agent for the corporation)

(If stock corporation, Appointment agent for the corporation)

(Date)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

PST
VASILAROS, JACK
1700 NO. BETTY LANE
CLEARWATER FL

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

STD
VASILAROS, JACK
1700 NO. BETTY LANE
CLEARWATER FL

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, STATE, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be 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 of this form, or on an affidavit with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95

Signature Page 8

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1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
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MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K37219** (8)

To: Corporation Name

PERFECT CUT LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

**10285 SLEEPY BROOK WAY
BOCA RATON FL 33428
US**

**POST OFFICE BOX 273570
BOCA RATON FL 33427
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1988** 3a. Date of Last Report **08/11/1994**

4. FEI Number ~~65-0072407~~ **65-0225399** 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. The corporation has liability for intangible tax under the 1989 Act, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. # etc. 26. State, Apt. # etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

**MUNZING, WILLIAM C.
10285 SLEEPY BROOK WAY
BOCA RATON FL 33428**

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 607.0603 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 or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD MUNZING, WILLIAM C. 10285 SLEEPY BROOK WAY BOCA RATON FL
12.2 NAME STREET ADDRESS CITY, ST, ZIP	DST MUNZING, EILEEN C. 10285 SLEEPY BROOK WAY BOCA RATON FL
12.3 NAME STREET ADDRESS CITY, ST, ZIP	
12.4 NAME STREET ADDRESS CITY, ST, ZIP	
12.5 NAME STREET ADDRESS CITY, ST, ZIP	
12.6 NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

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(2)(b), 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 in person. I am an officer or director of this 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Munzing William MUNZING

5/10/95 5/10/95

407-457-5006 407-457-5006