

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K55229**

(4)

1. Corporation Name:

TROPICAIR LAWN SERVICE, INC.

Principal Place of Business

**C/O WAYNE WILLIAMS MYERS
105 BAY AVE
OSPREY FL 34229
US**

Mailing Address

**C/O WAYNE WILLIAMS MYERS
105 BAY AVE
OSPREY FL 34229
US**



2. Principal Place of Business

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State, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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State, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**MYERS, WAYNE WILLIAMS
105 BAY AVE
OSPREY FL 34229**

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Name

82

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

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84

City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0603 and 607.1504, 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 607.1504, Florida Statutes.

SIGNATURE:

Signature of the person who is the registered agent of the corporation.

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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**MYERS, WAYNE WILLIAMS
124 HAPPY HAVEN DR
OSPREY FL**

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SIGNATURE:

Wayne W. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE W. MYERS

4-18-96

941-966-5112

CR2E034 (12/95)