

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K55869 (7)

1. Corporation Name

ANDY'S LAWN MAINTENANCE AND LANDSCAPING, INC.



Principal Place of Business

Mailing Address

% ANDREW BOROZNY
417 APPACHE LANE
BOCA RATON FL 33487

% ANDREW BOROZNY
417 APPACHE LANE
BOCA RATON FL 33487

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/05/1989

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0091327

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

10. Name and Address of New Registered Agent

BOROZNY, ANDREW
417 APPACHE LANE
BOCA RATON FL 33487

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 or other person authorized to sign)

(If the Registered Agent signature is provided when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPS
BOROZNY, ANDREW
417 APPACHE LANE
BOCA RATON FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
BOROZNY, ANDREW
417 APPACHE LANE
BOCA RATON FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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(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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x

1/19/96

Daytime Phone #

CR2E034 (12/95)