

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K59828** (9)  
1. Corporation Name  
**L & D TOTAL LAWN CARE INCORPORATED**

Principal Place of Business <b>%DINO W. D'ALESSANDRO 1589 SPRINGTIME LOOP WINTER PARK FL 32792</b>	Mailing Address <b>%DINO W. D'ALESSANDRO 1589 SPRINGTIME LOOP WINTER PARK FL 32792-6361</b>
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2. Principal Place of Business 21 <b>c/o Dino W. D'Allessandro</b>		2a. Mailing Address 26 <b>c/o Dino W. D'Allessandro</b>		3. Date Incorporated or Qualified <b>01/20/1989</b>	3a. Date of Last Report <b>05/09/1996</b>
22 Suite, Apt. #, etc. <b>488 Windmeadows Street</b>		27 Suite, Apt. #, etc. <b>488 Windmeadows Street</b>		4. FEI Number <b>59-2930230</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State <b>Altamonte Springs, FL</b>		28 City & State <b>Altamonte Springs, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>32714</b>		25 Country <b>Seminole</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
29 Zip <b>32714</b>		30 Country <b>Seminole</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>D'ALESSANDRO, DINO W. 1589 SPRINGTIME LOOP WINTER PARK FL 32792</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Dino W. D'Allessandro</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>488 Windmeadows Street</b>	
				83	
				84 City <b>Altamonte Springs</b>	85 Zip Code <b>FL 32714</b>

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 *Dino W D'Allessandro Pres* *DINO W D'ALESSANDRO Pres 4-17-97*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D'ALESSANDRO, LOUIS</b>		1.2 NAME	
STREET ADDRESS <b>488 WINDMEADOWS ST</b>		1.3 STREET ADDRESS	<b>32714</b>
CITY-ST-ZIP <b>ALTAMONTE SPNGS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D'ALESSANDRO, DINO W.</b>		2.2 NAME	
STREET ADDRESS <b>488 WIND MEADOWS ST</b>		2.3 STREET ADDRESS	<b>32714</b>
CITY-ST-ZIP <b>ALTAMONTE SPRNGS FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dino W D'Allessandro Pres* *DINO W D'ALESSANDRO Pres 4-17-97*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **407-962-6279**

CR2E034 (9/96)