

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K60252

1. Corporation Name

LAWN PRO OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

16465 W. RIVER Rd.
INGLIS, FL. 34449

SAME

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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9. Name and Address of Current Registered Agent

KAREN G. ALESCI
16465 W. RIVER Rd
INGLIS, FL. 34449

3. Date Incorporated or Qualified

JAN 23, 1989

3a. Date of Last Report

1995

4. FEI Number

59-2937016

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. 193.01,
Florida Statutes.

X Yes [] No

10. Name and Address of New Registered Agent

81 Name KAREN G. ALESCI

82 Street Address (P.O. Box Number if Not Applicable)
16465 W. RIVER Rd

83

84 City INGLIS

FL

85 Zip 34449

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered
officer/registered agent, or both, to the Secretary of State. This change was authorized by the corporation's board of directors. The secretary of state will accept this statement for filing
agent. I am filing this statement with the Secretary of State for the purpose of changing the registered agent of the corporation.

SIGNATURE

Karen G. Aleksi

7-18-96

12. OFFICERS AND DIRECTORS

FILE ☐ OFFICE

NAME PRESIDENT
CRAIG S. ALESCI
16465 W. RIVER Rd.
INGLIS, FL. 34449

FILE ☐ OFFICE

NAME SECT. & TREAS.
KAREN G. ALESCI
16465 W. RIVER Rd.
INGLIS, FL. 34449

FILE ☐ OFFICE

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

FILE ☐ OFFICE

NAME

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CITY, STATE, ZIP

SIGNATURE: Karen G. Aleksi KAREN G. ALESCI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-96 (352) 447-1244

CR2E034 (3/96)