

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 2 11 04 17

DOCUMENT # **K62482** (0)

1. Corporation Name
HIGHLANDS LAWN SERVICE, INC.

Principal Place of Business Mailing Address
% S. LEE ROTH **% S. LEE ROTH**
3625 BRIDGEFIELD DR **3625 BRIDGEFIELD DR**
LAKELAND FL 33803 **LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
02/01/1989 **04/21/1994**

4. FEI Number Applied For
59-2924336 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, S. LEE
3625 BRIDGEFIELD DRIVE
LAKELAND FL 33803

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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: based on printed name of registered agent and title of agent.

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DT**
NAME: **ROTH, S LEE**
STREET ADDRESS: **3625 BRIDGEFIELD DR**
CITY ST ZIP: **LAKELAND FL**

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY ST ZIP:

TITLE: **P**
NAME: **ROTH, SCOTT L**
STREET ADDRESS: **703 ORANGE VALLEY LN**
CITY ST ZIP: **LAKELAND FL**

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY ST ZIP:

TITLE: **V**
NAME: **ROTH, CRAIG H**
STREET ADDRESS: **8251 FORESTWOOD DR E**
CITY ST ZIP: **LAKELAND FL**

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:

TITLE: **S**
NAME: **ROTH, RACHEL M**
STREET ADDRESS: **703 ORANGE VALLEY LN**
CITY ST ZIP: **LAKELAND FL**

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY ST ZIP:

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)(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 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: *S. Lee Roth* *S. Lee Roth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/95 813-647-5501
DATE (Telephone Number)