

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:5

DOCUMENT # K63402

(7)

1. Corporation Name

PERFECT LAWNS, INC.

Principal Place of Business

Mailing Address

C/O EUGENE DURAND
15209 MONET DR
TAMPA FL 33613

C/O EUGENE DURAND
15209 MONET DR
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/06/1989

3a. Date of Last Report

01/26/1994

4. FEI Number

59-2689640

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

6. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2735 MIDTIMES DR.

26 P.O. Box 273132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL.

City & State

28 TAMPA, FL.

Zip

24 33618

Country

25 HILLS.

Zip

29 33684

Country

30 HILLS.

9. Name and Address of Current Registered Agent

DURAND, EUGENE
15209 MONET DR
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

Eugene Durand

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

2735 MIDTIMES DR.

83

84 City

TAMPA

FL

85 Zip Code

33618

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
DURAND, EUGENE
15209 MONET DR
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change ☒ Addition ☐
2735 MIDTIMES DR.
TAMPA, FL.

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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: Eugene W. Durand Eugene Durand

6-8-95 (813) 961-0206

(Signature and typed or printed name of signing officer or director)

Date

Telephone (Area #)