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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K65896

(8)

1. Corporation Name

UNITED LAWN SERVICES, INC.

Principal Place of Business

% NANCY OTT  
4396 KLMNO PL  
NEW SMYRNA BEACH FL 32168  
US

Mailing Address

% NANCY OTT  
4396 KLMNO PL  
NEW SMYRNA BEACH FL 32168-4100  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/15/1989

3a. Date of Last Report

08/08/1996

4. FEI Number

59-2939716

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

OTT, NANCY  
5768 WOODCLIFF ROAD  
PORT ORANGE FL 32127

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME OTT, NANCY  
STREET ADDRESS 5768 WOODCLIFF RD  
CITY-ST-ZIP PORT ORANGE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP  
NANCY OTT  
4396 KLMNO PL  
NEW SMYRNA BEACH FL 32168

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-ST-ZIP

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-ST-ZIP

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-ST-ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-ST-ZIP

13.21 TITLE  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 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

Nancy Ott

4-30-97 904-409-3671

CR2E034 (9/96)