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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(0)

LUSCIOUS LAWNS LANDSCAPING INC.

Principal Place of Business

Mailing Address



	/e South Ille Beach FL 32250		63-37TH AVE SOUTH JACKSONVILLE BEACH FL 32250							
						3. Date Incorporated or Qualified 02/28/1989	3a. Date	of Last I 04/11/	Report 1995	
2. Principal Pla	ce of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number			Applied For	
21		26	<u>.</u>			59-2925362			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt.				5. Certificate of Status Desired		ree Required		
Oity & State 23		Orty & State	9			Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Ζφ	Country 25	Z <sub>I</sub> p 29	30	ountry		This corporation has liability for Florida Statutes	intangible ta s \ \ \ No	x under	s 199.032,	
	9. Name and Address of Cu	rrent Registered Agen	t	T	,	10. Name and Address of New	Registered /	Agent		
				81	Name					
	S, JO DEE			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)			
	TH AVE., SOUTH									
JACKS	SONVILLE BEACH FL 32250			83						
				84	City		FL	1.1	Zip Code	
11. Pursuant to	o the previsions of Sections 607.0	502 and 607.1508, Flor	ida Statutes, the at	ove i	named cor	poration submits this statement for the proporation of directors. I hereby accept the appropriate the property of the property	irpose of cha	inging its	registered office	
or registere	ed agent, or both, in the State of)	lorida. Such change wa Section 607 0505. Elevid	s authorized by the a Statutes	corp	oration's b	oard of directors. I hereby accept the app	sointment as	registere	ed agent. I am	
			a Otalutes.			2/5	10L			
SIGNATURE	Signary Li, typical corporation matrix of registration	agent and the it applicable	(NOTE Register	ed Age	il eignature rei	(virted when reinstating)	DATE			
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12	
THE	D	Di	ELETE 1	TITLE				Change	Addition	
NAME:	EVANS, JODEE		12	NAME						
STREET ADDRESS	63-37TH AVENUE S.		1.3	STREET	ADDRESS					
011Y - S1 - ZIP	JACKSONVILLE BCH.FL	••	1.4	CITY-5	ST - ZIP					
TIPLE	· • • • • • • • • • • • • • • • • • • •			TITLE	-			Change	Addition	
NAME			2?	NAME						
STHEE! ADDRESS			23	STREET	ADDRESS					
City-St-ZiP				CITY-S	1					
1014				TITLE	<u></u>			Change	Addition	
NAME			3 2	NAME						
STREET ADDRESS					I ADDRESS					
CITY ST-21F				CiTY-S	4					
TILLE				THLE				Change	Addition	
NAME				NAME			_			
STREET ADDRESS					I ADDRESS				•	
C(1Y+S1+Z)P				CITY		በበበበበ 1 7	422	co co		
I-ILF	The state of the s			TITLE	- E"	0000017 -03/13/9601	12111	1) Change	Addition	
NAME		<b>_</b>		NAME		***200.00	0		<del></del>	
STREET ADDRESS					T ADDRESS					
				CITY						
CITY - ST ZIP TITLE				1 TITLE	J1 211		Γ	Change	e Addition	
NAME		ب ،		NAME	1					
					T ADDRESS					
STREET ADDRESS										
CITY-ST ZIP	L			CHY	ST-ZIP	ify for the exemption stated in Section 11	T			

certify that the information indicated on this oath; that I am an officer or director of the cappears in Block 12 or block 13 if glianged annual report or supplemental annual report is true and accurate and that my signature shall have the same leg exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Sta or on an attachment with an address.

SIGNATURE: