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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 MAR 14 AM 8:27

DOCUMENT # K77732 (1)

1. Corporation Name
U.S. LAWNS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
12716 DUPONT CIRCLE TAMPA FL 33626 US	12716 DUPONT CIRCLE TAMPA FL 33626 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 369 Mears Blvd.
22 Suite, Apt. #, etc.
23 City & State: Oldsmar, FL
24 Zip: 34677 25 Country: USA

2a. Mailing Address
26 369 Mears Blvd.
27 Suite, Apt. #, etc.
28 City & State: Oldsmar, FL
29 Zip: 34677 30 Country: USA

4. FEI Number: 59-2940313 ☐ 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

9. Name and Address of Current Registered Agent

MOERCHEN, TODD LOUIS
3528 GREENGLEN CIRCLE
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	MOERCHEN, TODD LOUIS	12 NAME	
STREET ADDRESS	3528 GREENGLEN CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MOERCHEN, ANN ELIZABETH	22 NAME	
STREET ADDRESS	3528 GREENGLEN CIR	23 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	MOERCHEN, ANN E	32 NAME	
STREET ADDRESS	3528 GREENGLEN CIR	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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: Ann E Moerchen ANN E. MOERCHEN 1-30-95 813 855-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

000001 CP