

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K77732** (1)

1. Corporation Name

U.S. LAWN OF CLEARWATER, INC.



Principal Place of Business

**369 MEARS BLVD
OLDSMAR FL 34677
US**

Mailing Address

**369 MEARS BLVD
OLDSMAR FL 34677
US**

3. Date Incorporated or Qualified
04/05/1989

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FET 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

10. Name and Address of New Registered Agent

**MOERCHEN, TODD LOUIS
3528 GREENGLEN CIRCLE
PALM HARBOR FL 34684**

81 Name

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

212 Sheffield Circle

83

84 City **Palm Harbor**

FL

85

Zip Code **34683**

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 firm, if applicable

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **MOERCHEN, TODD LOUIS**
STREET ADDRESS **3528 GREENGLEN CIRCLE**
CITY-STATE-ZIP **PALM HARBOR FL**

TITLE **VD** ☐ DELETE
NAME **MOERCHEN, ANN ELIZABETH**
STREET ADDRESS **3528 GREENGLEN CIR**
CITY-STATE-ZIP **PALM HARBOR FL**

TITLE **T** ☐ DELETE
NAME **MOERCHEN, ANN E**
STREET ADDRESS **3528 GREENGLEN CIR**
CITY-STATE-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **212 Sheffield Circle**
1.4 CITY-STATE-ZIP **Palm Harbor, FL 34683**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **212 Sheffield Circle**
2.4 CITY-STATE-ZIP **Palm Harbor, FL 34683**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **212 Sheffield Circle**
3.4 CITY-STATE-ZIP **Palm Harbor, FL 34683**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

**(813)
855-9002**

Date

Daytime Phone #

CR2E034 (12/95)