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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

K79954

(9)

	MOWING SERVICE, INC.					
Principal Place	of Business	Mailing Address			III BUBU BUBU BUBU B	IBIN BIBIN (BIBIN (BIBI
12961 STATE ROAD 82 FORT MYERS FL 33913		12961 STATE ROAD 82 FORT MYERS FL 33913				
				3. Date Incorporated or Qualified 04/03/1989	3a. Date of Last 07/25/1	
2. Principal Pla 1	ace of Business	2a. Mailing Address		4. FEI Number 65-0108583		Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			¢0.7	Not Applicable 5 Additional
2		27		5. Certificate of Status Desired	1 1 7 -	Bequired
_ City & State		City & State		6. Election Campaign Financing	\$5	00 May Be
3]		28		Trust Fund Contribution	Add	led to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	intangible tax under	s 199.032,
	9. Name and Address of Curren			10. Name and Address of New R		
			81 Name	To There and Address of New A	registered Agent	
	ORD, LEWIS		82 Street Add	ress (P.O. Box Number is Not Acceptab	1-1	· · · · · · · · · · · · · · · · · · ·
12961 STATE ROAD 82			50 Street Aug	ress (r.o. box Number is Not Acceptab	oie)	
FORT M	IYERS FL 33913		83			
			84 City		lo-1	Zim Carla
			1 1 1			Zip Code
or registers	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floric	and 607.1508, Florida Statut la, Such chapoe was authoria	tes, the above named corporated by the corporation's boa	ration submits this statement for the pur	pose of changing its	registered office
or registere familiar with	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	and 607,1508, Florida Statut la. Such change was authoriz on 607,0505, Florida Statutes	tes, the above named corporated by the corporation's boals.	ration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its ointment as registere	registered officed agent. I am
BIGNATURE _				ration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its ointment as registere	registered offici ed agent. I am
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SIGNATURE	Signature, typod or printed name of registered agent. Of FICERS AND	and title if applicative. (N			DATE ICERS AND DIRECT	ORS IN 12
EIGNATURE	Signature, typied or printed name of registered agent. OF FICERS AND D LANGFORD, LEWIS	and the if applicative. (NA DIDIRECTORS	OFE Registered Agent signature reduire	d when reinstating)	DATE	ORS IN 12
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OFFICER OR DIRECTOR

94/-369-63/7 Dayline Phone #