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Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K81726 (7)  
1. Corporation Name  
GATOR LAWN MANAGEMENT COMPANY INC.



Principal Place of Business: 15307 AMBERLY DR SUITE 110 TAMPA FL 33647 US  
Mailing Address: % RANDY FERREIRA 13001 GLENEAGLES PLACE RIVERVIEW FL 33569-7043

3. Date Incorporated or Qualified: 04/14/1989  
3a. Date of Last Report: 03/18/1996  
4. FEI Number: 59-2954308  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
FERREIRA, RANDY  
13001 GLENEAGLES PLACE  
RIVERVIEW FL 33569  
*34331 Mission Valley Dr  
DADE CITY FL 33525*

10. Name and Address of New Registered Agent  
81 Name: Randy X Ferreira  
82 Street Address: 34331 Mission Valley Dr  
83 City: DADE CITY FL  
84 City: DADE CITY FL  
85 Zip Code: 33525

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] DATE: 1/21/97

12. OFFICERS AND DIRECTORS  
D FERREIRA, RANDY 13001 GLENEAGLES PL RIVERVIEW FL  
V LANE, CHRIS 530 N 8 STREET TAMPA FL 33640  
D FERREIRA, RANDY 13001 GLENEAGLES PL RIVERVIEW FL  
*34331 Mission Valley Dr  
DADE CITY FL 33525*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 unchanged, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1/21/97 DAYTIME PHONE: (813) 232-7110

CR2E034 (9/96)