

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

37 APR 24 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K87871 (5)
1. Corporation Name
GINN'S LAWN MAINTENANCE, INC.

Principal Place of Business
2408 PEMBERTON CR. DR.
SEFFNER FL 33584
US

Mailing Address
20628 HELEN CT
LUTZ FL 33549-5130
US

3. Date Incorporated or Qualified 05/10/1989
3a. Date of Last Report 08/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2239211	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GINN, EDWINA J.
2508 PEMBERTON CREEK DRIVE
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, CLARENCE N., JR.	1.2 NAME	
STREET ADDRESS	2508 PEMBERTON CREEK DR.	1.3 STREET ADDRESS	500002153505--4
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	-04/24/97--01046--021
TITLE	DST	2.1 TITLE	****185.00 ****185.00 on
NAME	GINN, EDWINA J.	2.2 NAME	
STREET ADDRESS	2508 PEMBERTON CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, EDWINA J.	3.2 NAME	
STREET ADDRESS	2508 PEMBERTON CREEK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, VICTORIA	4.2 NAME	Neil, Victoria
STREET ADDRESS	20628 HELEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	MWB
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

Victoria Ann Neil, Assistant Secretary

4/23/97 (813) 949-8921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0346446

CR2E034 (9/96)