

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K95067 (0)

1. Corporation Name

CUT & TRIM LAWN CARE, INC.



Principal Place of Business

8075 CANYON LAKE CIR
ORLANDO FL 32835

Mailing Address

8075 CANYON LAKE CIR
ORLANDO FL 32835

3. Date Incorporated or Qualified

06/13/1989

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City & State

24

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

30

Country

4. FEI Number

59-2953793

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

COMBS, ROBERT W.
8075 CANYON LAKE CIR
ORLANDO FL 32835

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 607.1506, 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 for principal officer or director (Block 12) or registered agent (Block 10)

Signature for new principal officer or director (Block 13) or new registered agent (Block 10)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

P

COMBS, ROBERT W.
8075 CANYON LAKE CIR
ORLANDO FL

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

S

COMBS, RONALD W.
3006 CULLEN LK SHORE DR
ORLANDO FL

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(x), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Combs

407/481-8226

CR2E034 (12/95)