


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

FILED
Mar 25 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 # K95345 (0) 1. Corporation Name DION'S LAWN & ORNAMENTAL PEST CONTROL, INC.			
Principal Place of Business 13235 HUDSON AVE P O BOX 1655 HUDSON FL 34669 US		Mailing Address 13235 HUDSON AVE P. O. BOX 1655 HUDSON FL 34669-3620 US	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 1655 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	
9. Name and Address of Current Registered Agent SHARER, DION 13235 HUDSON AVENUE HUDSON FL 34669		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ (NOTE: Registered Agent signature required when re-stating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	
12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	
12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP		13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	
12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-ST-ZIP		13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP	
12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-ST-ZIP		13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP	
12.33 TITLE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY-ST-ZIP		13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP	
12.37 TITLE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY-ST-ZIP		13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP	
12.41 TITLE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY-ST-ZIP		13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP	
12.45 TITLE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY-ST-ZIP		13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP	
12.49 TITLE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY-ST-ZIP		13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP	
12.53 TITLE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY-ST-ZIP		13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP	
12.57 TITLE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY-ST-ZIP		13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP	
12.61 TITLE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY-ST-ZIP		13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP	
12.65 TITLE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY-ST-ZIP		13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP	
12.69 TITLE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY-ST-ZIP		13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP	
12.73 TITLE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY-ST-ZIP		13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP	
12.77 TITLE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY-ST-ZIP		13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP	
12.81 TITLE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY-ST-ZIP		13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP	
12.85 TITLE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY-ST-ZIP		13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP	
12.89 TITLE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY-ST-ZIP		13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP	
12.93 TITLE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY-ST-ZIP		13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP	
12.97 TITLE 12.98 NAME 12.99 STREET ADDRESS 12.100 CITY-ST-ZIP		13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-17-97 Date Daytime Phone: _____	



CR2E034 (9/96)