FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25259 (7)

Corporation Name

BEN'S LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
% MARY ELLEN MCKIBBIN 4824 BRADENTON ROAD SARASOTA FL 34234	% MARY ELLEN MCKIBBIN 4824 BRADENTON ROAD SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1989
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0111749 — 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. ... Florida Statutes. Yes / No

2. Principal Place of Business / 2a. Mailing Address
21 / 26 Street Address
22 / 27 Suite, Apt. #, etc.
23 / 28 City & State
24 / 25 Zip code / 29 / 30 Zip code

9. Name and Address of Current Registered Agent

MCKIBBIN, MARYELLEN
4824 BRADENTON RD
SARASOTA FL 34234

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MCKIBBIN, BENJAMIN J SR	4824 BRADENTON RD	SARASOTA FL
D	MCKIBBIN, MARY ELLEN	4824 BRADENTON RD	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change / Addition

14. I 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)(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: Maryellen McKibbin MARYELLEN McKIBBIN 4/30/95 (813)355-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0485200 FP