## 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

## DOCUMENT # 1 38/53

CIRCLE T TOTAL LAWN CARE, INC.

Principal Place of Business

Mailing Address

## 6140 IRLO BRONSON HIGHWAY ST. CLOUD, FL 34771

| ۱   | SI. CHOOD,                  |            | l  |                     |         | Date Incorporated or Qualified | 3a. Date of Last Report                      |  |  |                             |                                   |                 |  |
|---|-----------------------------|------------|----|---------------------|---------|--------------------------------|--|--|--|-----------------------------|-----------------------------------|-----------------|--|
|   |                             |            |    |                     |         |                                |  | 1  | 12/26/1989   |                             | 04/                               | 1996            |  |
| 2.  | . Principi Place of Busi    | iness      | 28 | . Mailing Address   | 3       |                                |  | 4.   | FEI Number   |                             |                                   | Applied For     |  |
| 21  | 1                           |            |    |                     |         |                                | 59-2983213                                   |  |  |                             | Not Applicable                    |                 |  |
| S., p. Ang. 8, 140;<br>22                       |                             |            | 27 | Suite. Apt. #, etc. |         |                                | 5.   | Certificate of Status Desired                          |  |                             | \$8.75 Additional<br>Fee Required |                 |  |
| 23  | City & Bratic               |            |    | City & State        |         |                                | В.   | Election Campaign Financing<br>Trust Fund Contribution |  | \$5.00 May Be Added to Fees |                                   |                 |  |
| 24  | Zφ                          | Country 25 | 29 | Zip                 | 30 Cour | itry                           |  | 8.   | This corporation has liability for in Florida Statutes | _                           |                                   | der s. 199.032, |  |
| 9. Name and Address of Current Registered Agent |                             |            |    |                     |         |                                | 10. Name and Address of New Registered Agent |  |  |                             |                                   |                 |  |
| Ì   |                             |            |    |                     |         | 81                             | Name   |  |  |                             |                                   |                 |  |
|   | WARMUS, JAMES W.            |            |    |                     |         |                                | Street Addre                                 | ddress (P.O. Box Number is Not Acceptable)             |  |                             |                                   |                 |  |
|   | 201 E. PINE STREET, STE 550 |            |    |                     |         |                                |  |  |  |                             |                                   |                 |  |
| ORLANDO, FL 32801                               |                             |            |    |                     |         |                                | City   |  |  | F                           | <b>8</b> 5                        | Zip Code        |  |

11. Presuant 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

| SIGNATULE                | he aline hyped or pented name of registered agent and lifts of applical | ALOTE 6              |  | and had upper a started                         | DATE                                   |             |  |  |  |  |
|--------------------------|---|----------------------|--|---|--|-------------|--|--|--|--|
| 12.                      | OFFICERS AND DIRECTORS  | ino (note. P         | Registered Agent signature required when reinstating!  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |             |  |  |  |  |
| 146                      | D   | DELETE               | 1.1 TITLE  |   | Change                                 | Addition    |  |  |  |  |
| NAM:                     | TUMBLESON, STEVEN   |                      | 1.2 NAME   |   |  |             |  |  |  |  |
| SHEE ACCESS              | 6140 IRLO BRONSON HWY.  |                      | 13 STREET ADDRESS  |   |  |             |  |  |  |  |
| Offe SEZIE               | ST. CLOUD, FL 34771   |                      | 1.4 CITY - SY - ZIP  | ]   |  |             |  |  |  |  |
| 1 114                    | D   | DELETE               | 2.1 TITLE  |   | Change                                 | Addition    |  |  |  |  |
| nalite                   | TUMBLESON, MARY   |                      | 2.2 NAME   |   |  |             |  |  |  |  |
| Shift tilenss            | 6140 IRLO BRONSON HWY.  |                      | 23 STREET ADDRESS  |   |  |             |  |  |  |  |
| OUN SI Zer               | ST. CLOUD, FL 34771   |                      | 2 4 CITY-ST-ZIP  |   |  |             |  |  |  |  |
| μ                        |   | DELETE.              | 311(TiE -  | T   | ☐ Change                               | XI Addition |  |  |  |  |
| NAM:                     |   |                      | 3 2 NAME   | WARMUS, JAMES W.                                |  |             |  |  |  |  |
| SUBSECTION S             |   |                      | 3.3 STREET ADDRESS   | 201 E. PINE STREET                              | , STE 550                              |             |  |  |  |  |
| 10 <u>11</u> 11.20       |   |                      | 34 CITY-ST-7(P   | ORLANDO, FL 32801                               |  |             |  |  |  |  |
| Thi                      |   | DELETE               | 4 1 TITLE  |   | Change                                 | Addition    |  |  |  |  |
| មកភា                     |   |                      | 4. 2 NAME  |   |  |             |  |  |  |  |
| 984140005                |   |                      | 4.3 STREET ADDRESS   |   |  |             |  |  |  |  |
| 0 * 0 72                 |   |                      | 44 CITY-ST-ZIP   |   |  | <u> </u>    |  |  |  |  |
| ji ji ji                 |   | DELETE               | 5.1 TITLE  | V /   | Change                                 | Addition    |  |  |  |  |
| 1.49                     |   |                      | 5 2 NAME   | 16  | FIMIC                                  | 10 m        |  |  |  |  |
| SHIP ALL SEE             |   |                      | 53 STHEET ADDRESS  |   | 411                                    | ファ          |  |  |  |  |
| .01 t   70               |   |                      | 5.4 CITY - ST - ZIP  |   | / ' '                                  |             |  |  |  |  |
| 1114                     |   | DETELE               | 61 TITLE   | 70000000  | Change                                 | Addition    |  |  |  |  |
| quit.                    |   |                      | 6.2 NAME   | 70000218  |  |             |  |  |  |  |
| S180517-09(S)            |   |                      | 63 STREET ADDRESS  | -05/15/97010                                    | 92029                                  |             |  |  |  |  |
| Copy St. Zight [1]       |   |                      | 6.4 CITY - ST - ZIP  | ***165 <b>.</b> 00                              | ************************************** |             |  |  |  |  |
| - <b>14</b> . Hele berek | A certify that the information supplied with this find                  | i does not quality t | or the exemption s   | stated in Section 119.07(3)(i), Florida Statute | s. I Tuffner cerbity that:             | the         |  |  |  |  |

4. To threely, certry that the information supplied with this raing does not quality for the exemption stated in Section 119.07(3)(i), horida statutes, i further certify that the information and assumes the same legal effect as if made under oath, that have the same legal effect as if made under oath, that have an officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name accurate misrock 12 or three triangles, or on an attachment with an address.

SIGNATURE:

GIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1.97

401-849-1569

**FILED** 

May 07 1997 8:00am

Secretary of State

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