

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L39282** (3)

1. Corporation Name

LONNIE'S LAWN CARE, INC.



Principal Place of Business

**6900 WHISPERING PINES
ORLANDO FL 32824**

Mailing Address

**6900 WHISPERING PINES
ORLANDO FL 32824**

3. Date Incorporated or Qualified
12/22/1989

3a. Date of Last Report
10/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2987749

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

10. Name and Address of New Registered Agent

**HOEPKER, TODD M.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801**

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 607.0102 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 of Registered Agent required for registration of this document.

NOTE: Registered Agent signature required when re-registering.

DATE

Signature of Officer or Director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
1.2 NAME **PTSD**
1.3 STREET ADDRESS **LYTLE, LONNIE**
1.4 CITY-ST-ZIP **6900 WHISPERING PINES RD.**
ORLANDO FL 32824

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE
3.2 NAME **D**
3.3 STREET ADDRESS **LYTLE, KATHLEEN A.**
3.4 CITY-ST-ZIP **6900 WHISPERING PINES RD.**
ORLANDO FL 32824

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE ☐ DELETE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

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)(k), 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: *Lonnie Lytle* **LONNIE LYTLE** 1/26/96 407 240 4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (12/95)