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FILED

May 15 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 # L47220 (3)

1. Corporation Name

CUSTOM CUT & TRIM TOTAL LAWN CARE, INC.

Principal Place of Business

1621 GREENLEA DR.  
100 2ND AVENUE SOUTH, SUITE 400 N  
CLEARWATER FL 33701  
US

Mailing Address

1621 GREENLEA DR.  
100 2ND AVENUE SOUTH, SUITE 400 N  
CLEARWATER FL 34615-2227  
US



3. Date Incorporated or Qualified  
01/29/1990

3a. Date of Last Report  
05/09/1996

2. Principal Place of Business

21 1621 GREENLEA DR.

2a. Mailing Address

26 1621 GREENLEA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER FL.

27 City & State

28 CLEARWATER FL.

Zip

Country

24 34615

25

Zip

Country

29 34615

30

USA

4. FEI Number

59-2999259

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

IVORY, RICHARD R.  
1621 GREENLEA DR.  
CLEARWATER FL 34615

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 607.1508, 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME IVORY, RICHARD R.  
STREET ADDRESS 1621 GREENLEA DR.  
CITY-ST-ZIP CLEARWATER FL

TITLE D DELETE

NAME IVORY, TRACY A.  
STREET ADDRESS 1621 GREENLEA DR  
CITY-ST-ZIP CLEARWATER FL

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, changed, or on an attachment with an address.

SIGNATURE:

RICHARD R. IVORY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)