FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52999** **(4)**

1. Corporation Name
LEHTO LAWN MAINTENANCE & NURSERY, INC.

Principal Place of Business	Mailing Address
15655 COLLECTING CANAL RD LOXAHATCHEE FL 33470	15655 COLLECTING CANAL RD LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/22/1990**
3a. Date of Last Report: **04/28/1994**

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

4. FEI Number: **65-0186919** ☐ 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. Does corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SLATER, ROBERT W
204 BRAZILIAN AVE
STE 221
PALM BCH FL 33480

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 607.0501 and 607.0505 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 TYPE	D	111 TYPE	☐ Change ☐ Addition
102 NAME	LEHTO, BARBARA E.	112 NAME	
103 STREET ADDRESS	1580 B. FOREST LAKE CIR.	113 STREET ADDRESS	
104 CITY ST ZIP	WEST PALM BEACH FL	114 CITY ST ZIP	
105 TYPE	D	115 TYPE	☐ Change ☐ Addition
106 NAME	LEHTO, VICTOR E.	116 NAME	
107 STREET ADDRESS	1580 FOREST LAKE CIRCLE	117 STREET ADDRESS	
108 CITY ST ZIP	W. PALM BEACH FL	118 CITY ST ZIP	
109 TYPE		119 TYPE	☐ Change ☐ Addition
110 NAME		120 NAME	
111 STREET ADDRESS		121 STREET ADDRESS	
112 CITY ST ZIP		122 CITY ST ZIP	
113 TYPE		123 TYPE	☐ Change ☐ Addition
114 NAME		124 NAME	
115 STREET ADDRESS		125 STREET ADDRESS	
116 CITY ST ZIP		126 CITY ST ZIP	
117 TYPE		127 TYPE	☐ Change ☐ Addition
118 NAME		128 NAME	
119 STREET ADDRESS		129 STREET ADDRESS	
120 CITY ST ZIP		130 CITY ST ZIP	
121 TYPE		131 TYPE	☐ Change ☐ Addition
122 NAME		132 NAME	
123 STREET ADDRESS		133 STREET ADDRESS	
124 CITY ST ZIP		134 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)(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 1 or Block 14 above, if applicable, or on an attachment with an address.

SIGNATURE: Victor E. Lehto — VICTOR E. LEHTO — 5/1/95 — 772-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #