

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gordon B. McMan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **L72361** (3)

1. Corporation Name

**C & S LAWN MAINTENANCE AND LANDSCAPING, INC.**

55 MAY -1 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**6611 MOORE STREET  
ORLANDO FL 32818**

2a. Mailing Address

**6611 MOORE STREET  
ORLANDO FL 32818**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation (2 digits)

**05/10/1990**

3a. Date of Last Report

**08/12/1994**

4. FIC Number

**59-3055758**

Applied Fee

Not Applicable

5. Certificate of Status (Fees)

**\$8.75 Additional  
Fee Required**

6. Election Campaigns (Fees)

**\$5.00 May Be  
Added to Fees**

7. Total Fees (Fees) (Fees) (Fees) (Fees) (Fees) (Fees) (Fees) (Fees) (Fees) (Fees)

8. Other Information

9. Name and Address of Current Registered Agent

**RUBINO, NICHOLAS J.  
250 NORTH ORANGE AVENUE  
SUITE 1001  
ORLANDO FL 32801**

81. Name

82. Street Address (FIC) (FIC) (FIC) (FIC) (FIC) (FIC) (FIC) (FIC) (FIC) (FIC)

83. City

84. State

**FL**

85. Zip Code

10. Name and Address of New Registered Agent

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State for the purpose of changing the registered office of the corporation as provided in the Statutes of the State of Florida. I am a member of the Board of Directors of the corporation and was authorized by the Board of Directors to execute this report and to file the same with the Secretary of State.

SIGNATURE

12. Name

**DP  
SHARP, ROBERT  
6611 MOORE ST.  
ORLANDO FL**

13. Name

**DST  
BURRIS, BRENDA  
9123 BATON ROUGE DR  
ORLANDO FL**

14. Name

**V  
SHARP, COLLEEN  
6611 MOORE ST.  
ORLANDO FL**

15. Name

**V  
BURRIS, MICHAEL  
9123 BATON ROUGE DR  
ORLANDO FL**

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

25. Name

26. Name

27. Name

28. Name

29. Name

SIGNATURE: *Deborah D. Burris* *Brenda A. Burris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

(407)  
278 2823