FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L82913

(9)

CHAMPION LAWN CARE INC.

Mailing Address

FILED

May 09 1997 8:00am

Secretary of State

6176 SEASHELL NAPLES FL 33940		5176 SEASHELL Naples Fl 34103-2462				
			<u></u>		3. Date Incorporated or Qualified 06/22/1990	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 New Z	ip 34103	26			59-3021441	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip 3	Country 4703 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent			10, Name and Address of New Re	gistered Agent
CHA	MPION, GEORGE		8.	Name		
	S SEASHELL LES FL 33940		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)
			8:			
			84			FL 85 Zip Code
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida, Such change w. gations of, Section 607.0505	as authorized b , Florida Statule	by the corpora os.	poration submits this statement for the p tion's board of directors. I hereby accep	it the appointment as registered
	Signature, typied or printed name of registered a			gent signature requ	rred when reinstating)	DATE:
12.	PVS OFFICERS A	ND DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFIC	
TITLE		☐ DELETE	1.1 TRLE			Change Addition
NAME	CHAMPION, GEORGE 5176 SEASHELL		1.2 NAME			
STREET ADDRESS	NAPLES FL			T ADDRESS		
CITY-ST-ZIP	ID ID	DELETE	1.4 CHY- 2.1 THLE	ST-7IP		Change Addition
NAME	CHAMPION, GEORGE	רַ טנננון	2.2 NAME			Change Addition
STREET ADDRESS	5176 SEASHELL			1 ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY			
THLE	111111111111111111111111111111111111111	☐ DELETE	3.4 TITLE	-31-21	4 data - 14 AAA AAA - 17 Mahada - 18 AAA AA AAA AAA AAA AAA AAA AAA AAA AAA	Change Addition
NAMÉ			3.₽ NAME			
STREET ADDRESS			3.3 STRE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.8 S1RE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY	S1-ZIP		
TITLE		☐ DELETE	5.4 TITLE			Change Addition
NAME			5.2 NAME	•		
STREET ADDRESS	4 4		5.8 STREE	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.4 7171.6			Change Addition
NAME	· ·		6.≯ NAM8			
STREET ADDRESS			6.8 STRE	ET ADDRESS		
CITY-ST-7IP			64 CHY	\$T. 7IP		

14. I do hereby certify that the information supplied with this filling 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 logal offect 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.