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

PROFIT CORPORATION ANNUAL REPORT



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

1996

L86511

DOCUMENT # L86511 (7)									
	LAWN CARE, INC.					 			1 1 1441 11431 1411
Principal Place of Business Mailing Address									
% JOE G. LEAVITT JR 8186 PIONEER RD W PALM BEACH FL 33411		% JOE G. LEAVITT JR 8186 PIONEER RD W PALM BEACH FL 33411							
						 Date Incorporated or Qualifith 07/02/1990 	L	te of Last R 04/07/19	*
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26	,			65-0206950			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	, 0	\$8.75	5 Additional
City & State		City & State	City & State			C Clastica Campaign Financia			Required
3		h1	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country •	Zip	Cour	ntry	··········	8. This corporation has liability	for intangible	 	
4	25	29	30			Florida Statutes	Yes □No		
 -	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of Ne	w Registered	I Agent	
				1 18	Name				
	, JOE G. JR			82 5	Street Addres	ss (P.O. Box Number is Not Acce	ptable)		·····
8186 PIONEER RD W PALM BEACH FL 33411				83					
WYALM	BEAUM PL 33411								
				84 (City		FI	85 Z	ip Code
or registere familiar wit: _ SIGNATURE	o the provisions of Sections 507.050/ ed agent, or both, in the State of Flori th, and accept the obligations of, Sec Sgrature, typed or proted name of registered agent	ida. Such change was authoriz tion 607.0505, Florida Statute:	ized by the c es.	corpora	med corporat ation's board gnature required v	of directors. I hereby accept the	appointment a	nanging its r is registered	registered office d agent. I am
12.		ID DIRECTORS	13.	Agon s	gnature required e	ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIRECTO	DRS IN 12
TITLE	PCD	DELETE	1 1 11	ITLE				Change	Addition
NAME	LEAVITT, JOE G. JR		1.2 NA	1.2 NAME					
STREET ADDRESS	8186 PIONEER RD		1351	CA 14391	ODRESS				
CITY - ST - ZIP	W PALM BEACH FL	F"I OF FY		1.4 CITY-ST-ZIP				 	
TITLE	STD	DELETE	2 1 Ti					Change	Addition
NAME	LEAVITT, ERNESTINE D. 8186 PIONEER RD		2 2 NA						
STREET ADDRESS	W PALM BEACH FL			IREET AD					
CITY-ST-ZIP TITLE	W FALM DEAGHTE	☐ DELETE	2 4 CH	TY-\$1-2	ZIP			☐ Change	Addition
NAME		L	3.2 NA					La Gridings	
STREET ADDRESS				IREET AD	DDRESS				
CITY-ST-ZIP				TY-ST-Z	ļ				
TITLE		DELETE	4. 1 Ti					Change	☐ Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 ST	IREET AD	DRESS				
CHTY-ST-ZIP		(T) or or		TY-ST-7	71P			<u>-</u>	
TITLE		DELETE	5 1 Ti		}			☐ Change	■ Addition
NAME CTREET ADDRESS			5.2 NA						
STREET ADDRESS				IREET ADI	1				
CITY-ST-ZIP TITLE		DELETE	6.1 T/	TY-ST-Z	ZIF'			Change	☐ Addition
NAME		<u></u>	6.2 NA					Ununge	L. rosmon
STREET ADDRESS				REET AD	IDRESS				
CITY-ST-ZIP				TY-\$T-7					
14. I do hereby	y certify that the information supplied the Information indicated on this ann	with this filing is voluntarily fun	nished and d	does n	not qualify for	the exemption stated in Section and that my signature shall have	119.07(3)(k), F	lorida Statut	tes. I further
oath; that I	l am an officer or director of the corpo Block 12 or Block 13 if changed, d	pration or the receiver or truste	ee empower	ed to	execute this i	report as required by Chapter 607	', Florida Statu	ites; and the	at my name

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30 96. 407.798-3206