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Mar 26 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 # M79168 (4)

1. Corporation Name
GRASSHOPPER LAWN SERVICE, INC.

Principal Place of Business

C/O RENEE FORDE
1200 NW 73RD TERRACE
OCALA FL 32675

Mailing Address

C/O RENEE FORDE
1200 NW 73RD TERRACE
OCALA FL 34482-4486



3. Date Incorporated or Qualified
05/03/1988

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 2062 SE 59th St
Suite, Apt. #, etc.

22

City & State

23 Ocala, FL
Zip

24 34480

25 US

2a. Mailing Address

26 2062 SE 59th St
Suite, Apt. #, etc.

27

City & State

28 Ocala, FL
Zip

29 34480

30 US

4. FEI Number

59-2884036

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

FORDE, RENEE
1200 NW 73RD TERRACE
OCALA FL 32675

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

Renee Forde
Signature, typed or printed name of registered agent and title, if applicable

Renee Forde
(NOTE: Registered Agent signature required when reinstating)

3-21-97
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FORDE, DAVID
STREET ADDRESS 1200 NW 73RD TERRACE
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME FORDE, RENEE
STREET ADDRESS 1200 NW 73RD TERRACE
CITY-ST-ZIP Ocala 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

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

2062 SE 59th St
Ocala, FL 34480

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2062 SE 59th St
Ocala, FL 34480

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 if changed, or on an attachment with an address.

SIGNATURE: *Renee Forde* Renee Forde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97 352 422-8855
Date Daytime Phone #

CR2E034 (9/96)