

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathan,  
Secretary of State  
DEPARTMENT OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M94179** (2)

1. Corporation Name  
**GEORGE'S LAWN CARE, INC.**

Principal Place of Business: **C/O GEORGE J. ROTHGERY  
10404 ISLANDER DR.  
BOCA RATON FL 33498**

Mailing Address: **C/O GEORGE J. ROTHGERY  
10404 ISLANDER DR.  
BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1988** 3a. Date of Last Report: **04/21/1994**

4. FFI Number: **65-0072514** Applied For:  Not Applicable:

5. Certificate of Status Cleared:  **\$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 § 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: **26** Mailing Address: **26**

22. Suite, Apt. #, etc.: **27** Suite, Apt. #, etc.: **27**

23. City & State: **28** City & State: **28**

24. Zip: **25** County: **29** Zip: **30** County: **30**

9. Name and Address of Current Registered Agent  
**ROTHGERY, GEORGE J.  
10404 ISLANDER DR.  
BOCA RATON FL 33498**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE: **D**

2. NAME: **ROTHGERY, GEORGE J.**

3. STREET ADDRESS: **10404 ISLANDER DR.**

4. CITY, ST, ZIP: **BOCA RATON FL**

5. TITLE: **D**

6. NAME: **ROTHGERY, MARILYN P.**

7. STREET ADDRESS: **10404 ISLANDER DR.**

8. CITY, ST, ZIP: **BOCA RATON FL**

9. TITLE: \_\_\_\_\_

10. NAME: \_\_\_\_\_

11. STREET ADDRESS: \_\_\_\_\_

12. CITY, ST, ZIP: \_\_\_\_\_

13. TITLE: \_\_\_\_\_

14. NAME: \_\_\_\_\_

15. STREET ADDRESS: \_\_\_\_\_

16. CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE: \_\_\_\_\_  Change  Addition

2. 1.2 NAME: \_\_\_\_\_

3. 1.3 STREET ADDRESS: \_\_\_\_\_

4. 1.4 CITY, ST, ZIP: \_\_\_\_\_

5. 2.1 TITLE: \_\_\_\_\_  Change  Addition

6. 2.2 NAME: \_\_\_\_\_

7. 2.3 STREET ADDRESS: \_\_\_\_\_

8. 2.4 CITY, ST, ZIP: \_\_\_\_\_

9. 3.1 TITLE: \_\_\_\_\_  Change  Addition

10. 3.2 NAME: \_\_\_\_\_

11. 3.3 STREET ADDRESS: \_\_\_\_\_

12. 3.4 CITY, ST, ZIP: \_\_\_\_\_

13. 4.1 TITLE: \_\_\_\_\_  Change  Addition

14. 4.2 NAME: \_\_\_\_\_

15. 4.3 STREET ADDRESS: \_\_\_\_\_

16. 4.4 CITY, ST, ZIP: \_\_\_\_\_

17. 5.1 TITLE: \_\_\_\_\_  Change  Addition

18. 5.2 NAME: \_\_\_\_\_

19. 5.3 STREET ADDRESS: \_\_\_\_\_

20. 5.4 CITY, ST, ZIP: \_\_\_\_\_

21. 6.1 TITLE: \_\_\_\_\_  Change  Addition

22. 6.2 NAME: \_\_\_\_\_

23. 6.3 STREET ADDRESS: \_\_\_\_\_

24. 6.4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the owner or trustee thereof and I understand the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Rothger* **MARILYN ROTHGERY** 4/15/95 (407) 487-6912