

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P00000066113

1. Entity Name  
THE LAWNERY OF TALLAHASSEE, INC.



FILED

04 MAY -4 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8185 WENONGA CT  
TALLAHASSEE, FL 32311

Mailing Address  
PO BOX 37357  
TALLAHASSEE, FL 32315



05062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3658235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, LEE R  
8185 WENONGA CT.  
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS  
NAME ADAMS, ROBERT  
STREET ADDRESS 1011 DEWEY STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Delete

TITLE T  
NAME HAMPTON, BONITA  
STREET ADDRESS 8185 WENONGA CT  
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE P  
NAME HAMPTON, LEE R IV  
STREET ADDRESS 8185 WENONGA CT  
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE VPO  
NAME MITCHELL, HENRY  
STREET ADDRESS 1011 DEWEY ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400036276644  
05/13/04--01076--017 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## Division of Corporations

### Annual Report

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Document Number

**P00000066113**

Business Entity Name

**THE LAWNERY OF TALLAHASSEE, INC.**

FEI Number

**593658235**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

#### Principal Place of Business

Address

**8185 WENONGA CT**

Suite, Apt. #, etc.

City, State

**TALLAHASSEE**

**FL**

Zip Code & Country

**32311**

#### Mailing Address

Address

**PO BOX 37357**

Suite, Apt. #, etc.

City, State

**TALLAHASSEE**

**FL**

Zip Code & Country

**32315**

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

**HAMPTON**

**LEE**

**R**

-or- RA Business Name

Address

**8185 WENONGA CT**

Suite, Apt. #, etc.

City, State

**TALLAHASSEE**

**FL**

Zip Code & Country

**32311**

**US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



## Division of Corporations

## Annual Report

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Business Entity Name

THE LAWNERY OF TALLAHASSEE, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title VPS  
Name (Last, First, Middle, Title) ADAMS ROBERT  
-or- Entity Name  
Street Address 1011 DEWEY STREET  
City, State TALLAHASSEE FL  
Zip Code & Country 32303

Title T  
Name (Last, First, Middle, Title) HAMPTON BONITA  
-or- Entity Name  
Street Address 8185 WENONGA CT  
City, State TALLAHASSEE FL  
Zip Code & Country 32311

Title P  
Name (Last, First, Middle, Title) HAMPTON LEE R IV  
-or- Entity Name  
Street Address 8185 WENONGA CT  
City, State TALLAHASSEE FL  
Zip Code & Country 32311

Title VPO  
Name (Last, First, Middle, Title) MITCHELL HENRY  
-or- Entity Name  
Street Address 1011 DEWEY ST.

Division of Corporations

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City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State   
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State   
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title   
Officer/Director Signature

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