

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 7:51

DOCUMENT # P92000002448 (8)

1. Corporation Name

JERRY'S LAWN SOIL, INC.

Principal Place of Business

6230 HAINES ROAD
ST. PETERSBURG FL 33702

Mailing Address

6230 HAINES ROAD
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

59-0156558

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. 109.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULHERN, THOMAS
6230 HAINES ROAD
ST. PETERSBURG FL 33702

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

SIGNATURE

(Signature typed in parentheses of registered agent and the filer)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

9. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

10. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP ☐ Change ☐ Addition

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP ☐ Change ☐ Addition

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP ☐ Change ☐ Addition

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP ☐ Change ☐ Addition

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP ☐ Change ☐ Addition

6. 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 prepare 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Mulhern 3-8-95

(Signature Block 8)