

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 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 # P92000009146 (1)**

1. Corporation Name  
**JIM'S LAWN SPRAY SERVICE, INC.**



Principal Place of Business  
**1039 OLD BIG TREE ROAD DAYTONA BEACH FL 32119**

Mailing Address  
**1039 OLD BIG TREE ROAD DAYTONA BEACH FL 32119-2466**

3. Date Incorporated or Qualified <b>11/23/1992</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-3156690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**MURRAY, JAMES B**  
**1039 OLD BIG TREE ROAD**  
**DAYTONA BEACH FL 32119**

**10. Name and Address of New Registered Agent**

81 Name <b>James B. Murray, Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1039 Old Big Tree Road</b>
83 City <b>Daytona Beach</b>
84 State <b>FL</b>
85 Zip Code <b>32119</b>

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 607.0405, Florida Statutes.

SIGNATURE: *James B. Murray, Jr.* **James B. Murray, Jr.** President/Director. **4-30-97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MURRAY, JAMES B</b>	
STREET ADDRESS <b>1039 OLD BIG TREE ROAD</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL 32119</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Murray, James. B., Jr.</b>	
1.3 STREET ADDRESS <b>1039 Old Big Tree Road</b>	
1.4 CITY-ST-ZIP <b>Daytona Beach, FL 32119</b>	
2.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>John C. Murray</b>	
2.3 STREET ADDRESS <b>1039 Old Big Tree Road</b>	
2.4 CITY-ST-ZIP <b>Daytona Beach, FL 32119</b>	
3.1 TITLE <b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Joanne M. Pigliacampi</b>	
3.3 STREET ADDRESS <b>1039 Old Big Tree Road</b>	
3.4 CITY-ST-ZIP <b>Daytona Beach, FL 32119</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joanne M. Pigliacampi* (Secretary/Treas 4-30-97 604/1789-2120)

CR2E034 (9/96)