**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
95 JUL 28 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004515 (1)**

1. Corporation Name
**BERNIES LANDSCAPE & LAWN SPRINKLER REPAIR INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3531 NW 170TH ST.<br>OPA LOCKA FL 33056 | 3531 NW 170TH ST.<br>OPA LOCKA FL 33056 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1993
3a. Date of Last Report: 12/15/1994

2. Principal Place of Business — 21: 3531 NW 170 St.
2a. Mailing Address — 26: 3531 NW 170 St
Suite, Apt #, etc — 22:
Suite, Apt #, etc — 27:
City & State — 23: Mia Fla
City & State — 28: Mia Fla.
Zip — 24: 33056 Country — 25:
Zip — 29: 33056 Country — 30:

4. FEI Number: 65-0385215 ☐ 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

LANIER, GRADY B
3531 NW 170TH ST.
OPA LOCKA FL 33056

10. Name and Address of New Registered Agent

81 Name: Grady B Lanier
82 Street Address (P.O. Box Number is Not Acceptable): 3531 NW 170 St.
83:
84 City: Mia. Fla. FL 85 Zip Code: 33056

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | LANIER, GRADY B | 12 NAME | | |
| STREET ADDRESS | 3531 NW 170TH ST. | 13 STREET ADDRESS | | |
| CITY ST ZIP | OPA LOCKA FL 33056 | 14 CITY-ST-ZIP | | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY ST ZIP | | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

**SIGNATURE:** Grady B Lanier — 6-1-95 — (305)620-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032109 CP