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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Susan H. McMiran
Secretary of State
CORPORATION OF FLORIDA LAWS

DOCUMENT # P93000006182 (8)

The Corporation's Name:

M & M LAWN CARE SERVICE, INC.

Principal Office of Corporation: 7266 DELLA DR, ORLANDO FL 32819 US
Mailing Address: 7266 DELLA DR, ORLANDO FL 32819 US

2. Mailing Address of Registered Agent: 21 835 MARLOWE AVE, 25 FL, 26 PO. BOX 592011, 27 FL

22. City & State: 23 ORLANDO FL, 27 ORLANDO FL

24 32809, 25 USA, 26 32859, 27 USA

3. Date for which report is required: 01/21/1993
3a. Date of Last Report: 04/28/1994
4. FID Number: 59-3161749
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation is authorized to participate in under 15 member State Statutes: Yes No

9. Name and Address of Current Registered Agent: CHEEK, JAMES E III, 201 SOUTH ORANGE AVENUE, SUITE 860, ORLANDO FL 32801

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number or Post-Office), 83, 84 City, 85 Zip Code: FL

11. I, the undersigned, the president of the corporation, do hereby certify that the above named registered agent is the person or persons authorized by the corporation's board of directors to accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME: MYLOTT, JOHN A	STREET ADDRESS: 7266 DELLA DRIVE	NAME: JOHN A. MYLOTT	STREET ADDRESS: 835 MARLOWE AVE
CITY: ORLANDO	STATE: FL	CITY: ORLANDO	STATE: FL
ZIP: 32819		ZIP: 32809	
NAME: MYLOTT, JOHN E	STREET ADDRESS: 7266 DELLA DRIVE	NAME: JOHN E. MYLOTT	STREET ADDRESS: 835 MARLOWE AVE
CITY: ORLANDO	STATE: FL	CITY: ORLANDO	STATE: FL
ZIP: 32819		ZIP: 32809	
NAME:	STREET ADDRESS:	NAME:	STREET ADDRESS:
CITY:	STATE:	CITY:	STATE:
ZIP:		ZIP:	
NAME:	STREET ADDRESS:	NAME:	STREET ADDRESS:
CITY:	STATE:	CITY:	STATE:
ZIP:		ZIP:	
NAME:	STREET ADDRESS:	NAME:	STREET ADDRESS:
CITY:	STATE:	CITY:	STATE:
ZIP:		ZIP:	

14. I, the undersigned, certify that the information supplied on this report is complete, true and correct, and that the undersigned is a resident of the State of Florida.

SIGNATURE: _____
11-27-95 11:41 222 3578