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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017679 (0)

BUSHWHACKERS LAWN SERVICE, INC. Principal Place of Business Mailing Address 11507 5TH AVE. OCEAN MARATHON FL 33050-3616												
								3. Date Incorporated or Qualified 03/05/1993		Date of Last Re /28/1996	aport	
2. Principat P	Place of Business	2a. Mailin	a Address					4. FEI Number	1 00		plied For	
21		26	26					65-0395190		 	t Applicable	
Suite, Apt.	#, etc	Suite,	Suite, Apt. #, etc.					6. Certificate of Status Desired		\$8.75 A Fee Re		
City & Stat	te	City &	State					6. Election Campaign Financing		\$5.00		
23		28		T 0-				Trust Fund Contribution	Ц	Added t		
Ζφ 	Country		Zip	1	ıntry	ıı y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	25 25 9. Name and Address of Curre	29 ent Registered A	laent	30	Ţ			10. Name and Address of New Re			***************************************	
EEN	IDER, JAMES R		.T	7	81	Name			·#			
	07 5TH AVE. OCEAN				82	Street /	Addres	ss (P.O. Box Number is Not Acceptat	ole)	^		
	RATHON FL 33050					55511						
					83							
					84	City				85 Zip (Code	
					Ш	. ,		ration submits this statement for the parties board of directors. I hereby acceptions	Fl			
SIGNATURE	Signature, typed or printed nation of registered a OFFICERS A	agent and the if applica	ble (NO	TE Registere	d Age	ent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFK	DATE CERS AN	ID DIRECTOR	S IN 12	
THILE	OP .	DP DELETE		1.1 11				,T,S,D		Change	Addition	
MAME	FENDER, JAMES R			1.2 N	AME			1.1010				
STREET ADDRESS				1.3 S	TREET	ADORESS						
C Fr - St - ZIP	MARATHON FL 33050		DE DELETE			ST-ZIP						
TITLE	DVS		DELETE	2.1 1						Change	Addition	
NAME STREET ADDRESS	BIVINS, BEVERLY K 11507 5TH AVE. OCEAN			2.2 N		ADDRESS						
COLY - ST - ZIP	MARATHON FL 33050					ST-ZIP						
TITLE	IN THE COURT OF TH		DELETE	3.1 Ti		V) &II				Change	Addition	
NAME				3.2 N	AME							
STREET ADDRESS				3.3 S	TREET	ADDRESS						
C(TY - 51 - 20)		······································				ST-ZIP				[] (t	kase	
11114			DELETE	4.1 7						Change	Addition	
NAME ICLDOLIC KNODI SE					VAME TOCCT							
STREET ADDRESS						i address St-Zip						
CHY-S1-ZIP THLE			DELETE	517		», -Δ(I				Change	Addition	
HAME				5.2 N						-		
STREET ADORESS	}			5 .3 S	TREET	ADDRESS						
COY-SI-ZIP				540	try-S	ST-ZIP	.,					
TITLE			DELETE	611						Change	Addition	
NAME				62 N								
SURFILL ADDRESS				635	TREET	ADDRESS	l					

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.

64 City-St-ZIP

SIGNATURE:

James James James of Bioning Officer or Directo

4/29/97 305 743 6414

FILED

May 12 1997 8:00am

Secretary of State