FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:29

DOCUMENT # **P93000020534 (2)**

1. Corporation Name
KOCH'S PROFESSIONAL LAWN CARE, INC.

Principal Place of Business	Mailing Address
~~6900 DANIELS PARKWAY #29~~	~~6900 DANIELS PARKWAY #29~~
~~BOX 252~~	~~BOX 252~~
~~FT MYERS FL 33912~~	~~FT MYERS FL 33912~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993	3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0390423	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 19145 Murcott DR. W.	Suite, Apt. #, etc.: 27 19145 Murcott DR. W.
City & State: 23 Ft. Myers, FL	City & State: 28 Ft. Myers, FL
Zip: 24 33912 Country: 25 Lee	Zip: 29 33912 Country: 30 Lee

9. Name and Address of Current Registered Agent

KOCH, DOANLD R II
~~6900 DANIELS PARKWYA #29~~
~~BOX 252~~
~~FT MYERS FL 33912~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 19145 Murcott DR. W.
83 Ft. Myers, FL 33912
84 City: FL 85 Zip Code: 33912

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 executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☑ Change ☐ Addition
NAME	KOCH, DONALD R II	12 NAME	Koch, Donald R II	
STREET ADDRESS	6900 DANIELS PARKWAY #29, BOX 252	13 STREET ADDRESS	19145 Murcott DR. W.	
CITY-ST-ZIP	FT MYERS FL 33912	14 CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	D	21 TITLE	Secretary	☑ Change ☐ Addition
NAME	HUNTZINGER, LISA M	22 NAME	Huntzinger, Lisa M.	
STREET ADDRESS	6900 DANIELS PARKWAY #29, BOX 252	23 STREET ADDRESS	19145 Murcott DR. W.	
CITY-ST-ZIP	FT MYERS FL 33912	24 CITY-ST-ZIP	Ft. Myers, FL 33912	
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		

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 if changed, or on an attachment with an address.

SIGNATURE: Lisa M. Huntzinger 04/10/95 813-267-6151
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0322338 CP