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
95 JUL -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000021173 (8)

1. Corporation Name
NATIVE LAWN CARE, INC.

Principal Place of Business	Mailing Address
4321 STATE DRIVE WEST PALM BEACH FL 33406	4321 STATE DRIVE WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21: 8610 Windfall Dr
22: Suite, Apt. #, etc.
23: City & State: Boynton Beach, FL
24: Zip: 33437
25: Country

2a. Mailing Address
26: 8610 Windfall Dr
27: Suite, Apt. #, etc.
28: City & State: Boynton Bch, FL
29: Zip: 33437
30: Country

4. FEI Number: 65-0389472 ☐ 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

BUSSEY, GARY T
4321 STATE DRIVE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: Bussey, Gary T
82 Street Address (P.O. Box Number is Not Acceptable): 8610 Windfall Dr.
83:
84 City: Boynton, Bch FL 85 Zip Code: 33437

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 IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BUSSEY, GARY T	1.2 NAME	
STREET ADDRESS	4321 STATE DRIVE	1.3 STREET ADDRESS	8610 Windfall Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	BUSSEY, TRACY J	2.2 NAME	
STREET ADDRESS	4321 STATE DRIVE	2.3 STREET ADDRESS	8610 Windfall Dr
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	Boynton Bch., FL 33437
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Gary J Bussey 7/01/95 (407) 369-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245885 CP