FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED

95 FEB 28 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023790 (7)

1. Corporate Name
SUPER LAWN SERVICES, CORP.

Principal Place of Business	Mailing Address
601 NW 134TH AVE MIAMI FL 33182	601 NW 134TH AVE MIAMI FL 33182

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 65-0402721 ☐ 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

FERNANDEZ, ANTONIO R
601 NW 134TH AVE
MIAMI FL 33182

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	1.1 TITLE	☐ Change ☐ Addition
02 NAME	FERNANDEZ, ANTONIO R	1.2 NAME	
03 STREET ADDRESS	601 NW 134TH AVE	1.3 STREET ADDRESS	
04 CITY-ST-ZIP	MIAMI FL 33182	1.4 CITY-ST-ZIP	
01 TITLE	D	2.1 TITLE	☐ Change ☐ Addition
02 NAME	FERNANDEZ, EMELINA J	2.2 NAME	
03 STREET ADDRESS	601 NW 134TH AVE	2.3 STREET ADDRESS	
04 CITY-ST-ZIP	MIAMI FL 33182	2.4 CITY-ST-ZIP	
01 TITLE		3.1 TITLE	☐ Change ☐ Addition
02 NAME		3.2 NAME	
03 STREET ADDRESS		3.3 STREET ADDRESS	
04 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
01 TITLE		4.1 TITLE	☐ Change ☐ Addition
02 NAME		4.2 NAME	
03 STREET ADDRESS		4.3 STREET ADDRESS	
04 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
01 TITLE		5.1 TITLE	☐ Change ☐ Addition
02 NAME		5.2 NAME	
03 STREET ADDRESS		5.3 STREET ADDRESS	
04 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
01 TITLE		6.1 TITLE	☐ Change ☐ Addition
02 NAME		6.2 NAME	
03 STREET ADDRESS		6.3 STREET ADDRESS	
04 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report 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: Antonio R Fernandez — 2/14/95 — (305) 688-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0207462 CP