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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

4-27-97 941-540-0678

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025680 (8)

CUTTERS PROFESSIONAL LAWN MAINTENANCE INC.

819 S.W. 44TH ST. 2407 E. MALL DR. CAPE CORAL FL 33914 FT. MYERS FL 33901-9118 US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1993 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 12/31 65-0414889 WEDGE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, USA 25 29 30 Florida Statutes Yes PNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAUL, SUSAN J 1330 SOUTHWEST 4TH COURT Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL FL WEDGE 83 84 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 \pm am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Supported typing or printed rame of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition Title 1.1 TITLE PAUL, SUSAN J 1.2 NAME NAME DRIVE 3325 SW 10TH AVE WEDGE 12131 STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33913 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TILE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 1004 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 76 3.4 CITY-ST-ZIP DELETE 1000 4.1 TITLE Change Addition NAMI 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Mill 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - Zif 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - \$1 - 20F 6.4 CITY-ST-ZIP 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 chapted, or on an attachment with an address.