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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

CAPR	I LAWN SERVICE, INC.						
hindipal Place	of Business	Mailing Address		1 103()981 110	5[1 49]11 4 [,, 1881, 6188, 1911, 188
PO BOX 99		PO BOX 990216	AC1				
NAPLES FL	33999-0001	NAPLES FL 33999-6	UCI	3. Date Incorporated or C	Visition I a	a. Date of Las	t Report
				04/26/1993	Alames 3	04/18	
. Principal Pla	ice of Business	2a. Mailing Address		4. FET Number	L		Applied For
l		26	,	65-0398325		<u>_</u>	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	esired [1	75 Additional
On S Diele		City & State		6 Charles Connocion Fin			ee Required
City & State		28		6. Election Campaign Fina Trust Fund Contribution	- 1		.00 May Be
Z _i p	Country	Zip	Country	8. This corporation has lia	bility for intar	ngible tax unde	
<u> </u>	25	29	30	Florida Statutes	☐ Yes 🕽	(No	
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of	of New Regi	stered Agent	
			81 Name				
	, robert		82 Stree	t Address (P.O. Box Number is Not a	Acceptable)		
	AMAR AVENUE		83				
NAPLE	S FL 33962		1 - 1				
				<u></u>			
Pursuant to or registere familiar with	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	502 and 607.1508, Florida Statu londa. Such change was authori section 607.0505, Florida Statute	tes, the above-named gred by the corporation's.	corporation submits this statement for board of directors. I hereby accept	or the purpos title appoint	FL 85 se of changing ment as registe	Zip Code its registered offic red agent. I am
tamihar witi	h, and accept the obligations of, S Significal, lyied or printed name of registered a	Section 607.0505, Florida Statute	tes, the above named zed by the corporation			FL se of changing ment as registe	its registered offic red agent. I am
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(HY-SI-ZIP 64 CHY-SI-ZIP 65 Certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that I he 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.

6.3 STREET ADDRESS

SIGNATURE: Jally 3 Muller Kathry B. Muller Signatury and Typed on Printed Name of Signing Officer on Director

STREET ADDRESS

3/12/96 (941)353-4943