FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



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

1996

P93000032205 (5) **DOCUMENT #**

THOMAS DEGEORGE LAWN MAINTENANCE, INC.

Principal Place of Business 510 S. 58TH CT.

Mailing Address

510 S. 58TH CT.



| HOLLYWOOD FL 33023 US 2. Principal Place of Business | | HOLLYWOOD FL 33023 US | | 3. Date Incorporated or Qualified | On Date of Last David |
|---|--|-----------------------------------|----------------------------------|--|--|
| | | | | 04/28/1993 | 3a. Date of Last Report 03/21/1995 |
| 21 39/ | | 2a. Mailing Address 26 3910 NW | 97 TH AUF | 4. FEI Number 65-0424543 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | LLYWOOD, FL | City & State 28 Hourywo | op FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 330: | 2 4 25 US | 29 33024 | Country 30 US | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, |
| | g. Name and Address of Current | | | 10. Name and Address of New R | |
| | | | 81 Name | | |
| | /n, elizabeth m. | | 82 Street | Address (P.O. Box Number is Not Acceptab | (a) |
| 2128 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 | | | | Toda Coop in the C | ioj |
| | | | 83 | | |
| | | | 84 City | | B5 Zip Code |
| 11. Pursuant to | o the provisions of Sections 607 0502 a | nd 607 1508 Florida Statutos | the above paged as | rporation submits this statement for the pur | FL B Zip Code |
| | ed agent, or both, in the State of Florida th, and accept the obligations of, Section | | by the corporation's | rporation submits this statement for the purp board of directors. Thereby accept the appo | pose of changing its registered office pintment as registered agent, I am |
| SIGNIATURE | The straight the designations of eccutor | FOOT TOOLS. FRANCIS STATUTES. | | | |
| 12. | Signature, by ear or printed name of regularist agent ar OFFICERS AND | office mappingable (NOTE | Bigistered Agent signature re | | DATE |
| TITLE | PD OTTICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFI | |
| NAME | DEGEORGE, THOMAS | becare | 1 2 NAME | | Change Addition |
| STREET ADDRESS | 510 S 58 CT | | | 2010 MIN COTH AUS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33023 | | 13 STREET ADDRESS | 3910 NW 91TH AVE HOLLYWOOD, FC 3: | / |
| TITLE | | DELETE | 1.4 CiTY - ST - ZiP 2 1 TiTLE | 140LLYWOOD, 1-1 33 | 3 C ⊋ 4 ☐ Change ☐ Add/tion |
| NAME | | _ | 2.2 NAME | | Change |
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| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
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| NAME | | € Duren | 6 1 TIRE | | Change Addition |
| STREET ADDRESS | | | 6 2 NAME | | |
| OTHER WORKSO | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 64 CITY-ST-ZIP | | |

tal annual report is true and accurate and that my signature shall have the same legal effect as if made under trustge empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name oath; that I am an officer or direct appears in Block 12 or Block 13

SIGNATURE:

IGNING OFFICER OR DIRECTOR