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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000033524 (8)

1. Corporation Name
TED'S LAWN SERVICE, INC.



Principal Place of Business
2015 HAWAII AVE NE
ST PETERSBURG FL 33703

Mailing Address
2015 HAWAII AVE NE
ST PETERSBURG FL 33703-3419

3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 4832 Queen Palm Terr., NE
Suite, Apt. #, etc.

2a. Mailing Address
26 P. O. Box 20765
Suite, Apt. #, etc.

4. FEI Number
59-3180510

Applied For
Not Applicable

22 City & State
23 St. Petersburg, FL

27 City & State
28 St. Petersburg, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33703
25 Country Pinellas

29 Zip 33742
30 Country Pinellas

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUVAL, THEODORE J
2015 HAWAII AVE NE
ST PETERSBURG FL 33703

81 Name Theodore J. Duval
82 Street Address (P.O. Box Number is Not Acceptable)
4832 Queen Palm Terr., N.E.
83
84 City St. Petersburg FL 85 Zip Code 33703

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DUVAL, THEODORE G.
STREET ADDRESS 704 71ST AVE N
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP
NAME DUVAL, ELINOR J
STREET ADDRESS 2015 HAWAII AVE NE
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE
2.2 NAME DVP
2.3 STREET ADDRESS Duval, Elinor J.
2.4 CITY-ST-ZIP 4832 Queen Palm Terr., N.E.
St. Petersburg, FL 33703

TITLE DST
NAME DUVAL, THEODORE J
STREET ADDRESS 2015 HAWAII AVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

3.1 TITLE
3.2 NAME DST
3.3 STREET ADDRESS Duval, Theodore J.
3.4 CITY-ST-ZIP 4832 Queen Palm Terr., N.E.
St. Petersburg, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)