

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 APR 11 PM 8:11

DOCUMENT # P93000048683 (5)

1. Corporation Name

PSALMS LAWN CARE, INC.

Principal Place of Business

**6344 ROBINSON STREET
PALM BEACH GARDENS FL 33418**

Mailing Address

**6344 ROBINSON STREET
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

03/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

Country

4. FEI Number

65-0419526

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

**NEREAU
NEREAU, DAVID
6344 ROBINSON STREET
PALM BEACH GARDENS FL 33418**

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

David K. Nereau **DAVID K. NEREAU PRES.**

3-29-95

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	NEREAU, DAVID K.	6344 ROBINSON STREET	PALM BEACH GARDENS FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	Change	Addition
1. 2 NAME		
1. 3 STREET ADDRESS		
1. 4 CITY - ST - ZIP		
2. 1 TITLE	☐	☐
2. 2 NAME		
2. 3 STREET ADDRESS		
2. 4 CITY - ST - ZIP		
3. 1 TITLE	☐	☐
3. 2 NAME		
3. 3 STREET ADDRESS		
3. 4 CITY - ST - ZIP		
4. 1 TITLE	☐	☐
4. 2 NAME		
4. 3 STREET ADDRESS		
4. 4 CITY - ST - ZIP		
5. 1 TITLE	☐	☐
5. 2 NAME		
5. 3 STREET ADDRESS		
5. 4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

David K. Nereau **DAVID K. NEREAU PRES.**

3-29-95

(407) 747-8635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number