

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P93000067697 (1)

1. Corporation Name

HANDILY YOURS LAWN MAINTENANCE, INC.

Principal Place of Business

6800 NW 27TH AVE
#112
MIAMI FL 33147

Mailing Address

6800 NW 27TH AVE
#112
MIAMI FL 33147-7220

2. Principal Place of Business

21 6600 NW 27th Ave

Suite, Apt. #, etc.

22 207

City & State

23 Miami, FL

24 33147

Country

25 USA

2a. Mailing Address

26 6600 NW 27th Ave

Suite, Apt. #, etc.

27 207

City & State

28 Miami, FL

29 33147

Country

30 USA

3. Date Incorporated or Qualified

09/23/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0441675

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

RUSSELL, JANNIE L
1210 PERI STREET
OPA-LOCKA FL 33054

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME
RUSSELL, CALVIN
STREET ADDRESS
1210 PERI STREET
CITY-ST-ZIP
OPA-LOCKA FL

TITLE ☐ DELETE

S
NAME
RUSSELL, JANNIE
STREET ADDRESS
1210 PERI STREET
CITY-ST-ZIP
OPA-LOCKA FL

TITLE ☐ DELETE

D
NAME
GREEN, SHIRLEY
STREET ADDRESS
804 MAGNOLIA
CITY-ST-ZIP
NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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

Calvin Russell

4/20/97 (305) 193-9097

CR2E034 (9/96)