CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:50

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000070415 (3)

1. Corporation Name
TOTAL GROUNDS LAWN & SHRUB CARE, INC.

Principal Place of Business	Mailing Address
1027 WEST LANCASTER ROAD ORLANDO FL 32809	1027 WEST LANCASTER ROAD ORLANDO FL 32809

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3205250 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SKINNER, PAUL A JR.
927 PLATO AVENUE
ORLANDO FL 32809

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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☒ Addition
NAME	SKINNER, PAUL A JR.	1 2 NAME	
STREET ADDRESS	927 PLATO AVENUE	1 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1 4 CITY ST ZIP	32809
TITLE	VP	2 1 TITLE	☒ Change ☒ Addition
NAME	SKINNGER, PAUL A III	2 2 NAME	SKINNER
STREET ADDRESS	1927 CROSSHAIR CIR	2 3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	2 4 CITY ST ZIP	32809
TITLE	VP	3 1 TITLE	☒ Change ☒ Addition
NAME	MELMER, JEFFREY A	3 2 NAME	
STREET ADDRESS	842-B PEDRO AVE	3 3 STREET ADDRESS	1709 GADSEN BLVD.
CITY ST ZIP	ORLANDO FL	3 4 CITY ST ZIP	32812
TITLE	ST	4 1 TITLE	☒ Change ☒ Addition
NAME	SKINNER, ROSEMARY E	4 2 NAME	
STREET ADDRESS	927 PALTO AVE	4 3 STREET ADDRESS	PLATO
CITY ST ZIP	ORLANDO FL	4 4 CITY ST ZIP	32809
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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)(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: Rosemary E. Skinner Rosemary E Skinner 1-12-95 407-855-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056604 CP