
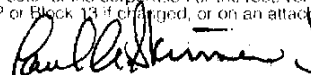


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000070415 (3)</b>					
1. Corporation Name <b>TOTAL GROUNDS LAWN &amp; SHRUB CARE, INC.</b>					
Principal Place of Business <b>1027 WEST LANCASTER ROAD ORLANDO FL 32809</b>			Mailing Address <b>1027 WEST LANCASTER ROAD ORLANDO FL 32809-5838</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/04/1993</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>01/30/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-3205250</b>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SKINNER, PAUL A JR. 927 PLATO AVENUE ORLANDO FL 32809</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code <b>FL</b>	
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 _____ <small>Signature: Typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SKINNER, PAUL A. JR</b>		1.2 NAME		
STREET ADDRESS	<b>927 PLATO AVENUE</b>		1.3 STREET ADDRESS		
CITY- ST- ZIP	<b>ORLANDO FL</b>		1.4 CITY- ST- ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SKINNER, PAUL A III</b>		2.2 NAME		
STREET ADDRESS	<b>1927 CROSSHAIR CIR</b>		2.3 STREET ADDRESS		
CITY- ST- ZIP	<b>ORLANDO FL</b>		2.4 CITY- ST- ZIP		
TITLE	<b>VP M</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MELMER, JEFFREY A</b>		3.2 NAME		
STREET ADDRESS	<b>8230 SCARBOROUGH CT</b>		3.3 STREET ADDRESS		
CITY- ST- ZIP	<b>ORLANDO FL</b>		3.4 CITY- ST- ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SKINNER, ROSEMARY E</b>		4.2 NAME		
STREET ADDRESS	<b>927 PLATO AVE</b>		4.3 STREET ADDRESS		
CITY- ST- ZIP	<b>ORLANDO FL</b>		4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  <b>PAUL A. SKINNER JR.</b> 1-7-97 407-853-0682					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)