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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1, Corporation Name

P93000070415 (3)

TOTAL GROUNDS LAWN & SHRUB CARE, INC.

## FILED Apr 03 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1027 WEST LANCASTER ROAD 1027 WEST LANCASTER ROAD ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/04/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 59-3205250 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30 Z Yes □ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SKINNER, PAUL A JR. 927 PLATO AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 83 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE SKINNER, PAUL A. JR NAME 1.2 NAME R2E034 927 PLATO AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SKINNER, PAUL A III 2.2 NAME NAME 1927 CROSSHAIR CIR STREET ADDRESS 2.3 STREET ADDRESS Orlando fl CITY-ST-ZIP 2. 4 CITY - ST - ZIP DILLETE 3.1 TITLE Change Addition TITLE MELMER, JEFFREY A NAME 3.2 NAME 8230 SCARBOROUGH CT STREET ADDRESS 3.3 STREET ADDRESS ÓRLANDO FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change ■ Addition ŜĪ TITLE 4.1 TITLE SKINNER, ROSEMARY E NAME 4. 2 NAME 927 PLATO AVE 4.3 STREET ADDRESS SYREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 concordion 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 chapted, or on an attachment with an address.