FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080538 (0)**

1. Corporation Name

THE LAWN RANGERS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
100 W. HIDDEN VALLEY BLVD. #409 BOCA RATON FL 33487 US	100 W. HIDDEN VALLEY BLVD. #409 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 5366 Benjamin Ave	26 5366 Benjamin Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Boynton Bch, FL	28 City & State: Boynton Bch, FL
24 Zip: 33437 25 County: US	29 Zip: 33437 30 County: US

4. FEI Number: 65-0449645 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TREMBLAY, W J 1801 S. FEDERAL HIGHWAY STE. 219 DELRAY BEACH FL 33483	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
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	MCNEAL, CRAIG S	12 NAME	Craig McNeal
STREET ADDRESS	~~100 WEST HIDDEN VALLEY BLVD. APT. 409~~	13 STREET ADDRESS	5366 Benjamin Ave
CITY ST ZIP	~~BOCA RATON FL 33487~~	14 CITY ST ZIP	Boynton Bch, FL 33437
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VELASQUEZ, LUIS	22 NAME	
STREET ADDRESS	517 S.W. 9TH COURT	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL 33444	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Craig McNeal 4/22/95 (407) 732-1104
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0270041 CP