

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
THE TALL PALM CENTER
1000 TALL PALM BLVD.
TALLAHASSEE, FLORIDA 32301-2000

APPROVED
AND
FILED

95 MAY -1 PM 11:04

DOCUMENT # P93000081318 (6)

NPK LAWN MAINTENANCE & LANDSCAPING INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9525 S.W. 24TH ST
#D-106
MIAMI FL 33165

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MIAMI FL 33165

2	2a	3	3a
21	26	11/29/1993	06/29/1994
22	27	4. Filing Number 65-0452626	5a. Filing Fee Not Applicable
23	28	5. Certificate of Status Document	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
	30	7. This corporation has liability for information for period 12/1/1993 to 12/31/1993	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORALES, EDDY A
9525 S.W. 24TH ST.
#D-106
MIAMI FL 33165

10. Name and Address of New Registered Agent

81	82	83	84	85
Name	Street Address, P.O. Box Number or Post Office		City	State
				FL

11. I, the undersigned, who has been duly qualified as a Florida Statute, the undersigned corporation submits this statement for the purpose of changing its registered office as registered agent in part in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in part for the corporation and the corporation's board of directors.

SIGNATURE

12. OFFICER, AGENT, DIRECTOR	13. ADDITIONAL CHANGE OF OFFICER, AGENT, DIRECTOR
☐ OFFICER NAME TITLE ADDRESS CITY STATE	☐ OFFICER NAME TITLE ADDRESS CITY STATE
☐ AGENT NAME ADDRESS CITY STATE	☐ AGENT NAME ADDRESS CITY STATE
☐ DIRECTOR NAME ADDRESS CITY STATE	☐ DIRECTOR NAME ADDRESS CITY STATE
☐ OFFICER NAME TITLE ADDRESS CITY STATE	☐ OFFICER NAME TITLE ADDRESS CITY STATE
☐ AGENT NAME ADDRESS CITY STATE	☐ AGENT NAME ADDRESS CITY STATE
☐ DIRECTOR NAME ADDRESS CITY STATE	☐ DIRECTOR NAME ADDRESS CITY STATE
☐ OFFICER NAME TITLE ADDRESS CITY STATE	☐ OFFICER NAME TITLE ADDRESS CITY STATE
☐ AGENT NAME ADDRESS CITY STATE	☐ AGENT NAME ADDRESS CITY STATE
☐ DIRECTOR NAME ADDRESS CITY STATE	☐ DIRECTOR NAME ADDRESS CITY STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by the corporation stated in law for the State of Florida Statute. I further certify that the information supplied is the current report for supplemental annual report. I have not changed and that any signature shall have the same legal effect as if made under oath. I am not aware of any change of the corporation's board of directors. I hereby accept the appointment as registered agent in part for the corporation and the corporation's board of directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

305 737 3943