

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000086333 (0)

1. Corporation Name

IRVINE LAWNSCAPES INC.

Principal Place of Business

~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~

Mailing Address

C/O DAVID A. KING ATTY.
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 4835 Alligator Boulevard

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Middleburg, FL

28

Zip

Country

Zip

Country

24 32068

25 U.S.A.

29

30

4. FEI Number

59-3217524

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

KING, DAVID A

~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
Attorney at Law

83 1416 Kingsley Avenue

84 City
Orange Park

FL

85 Zip Code
32073

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 fee if applicable

(NOTE: Registered Agent signature required when (re)registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME IRVINE, BRUCE J
STREET ADDRESS 4835 ALLIGATOR BLVD.
CITY - ST - ZIP MIDDLEBURG FL 32068

TITLE D
NAME IRVINE, JAMES W
STREET ADDRESS 3173 HARLEQUIN CT.
CITY - ST - ZIP MIDDLEBURG FL 32068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Bruce J. Irvine Pres.

Signature and typed or printed name of signing officer or director
Bruce J. Irvine, President

4/3/95

(904) 382-7961