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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000087274 (5) DOCUMENT # 1. Corporation Name

CRICKET'S LAWN MAINTENANCE, INC.

AL 2° And a second seco					
Principal Prace of Business Mailing Address			AAL ALIA	NUB	
	PALM BEACH BLVD BEACH FL 33411	4060 ROYAL PALM BE West Palm Beach F			
WEST TREME	PLACIFIE SOTT	1,201 1,12m 2 2,14/1		3. Date Incorporated or Qualified 12/22/1993	3a. Date of Last Report 04/19/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0459447	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C Steeling Councing Financing	Fee Required
City & State		Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s 199.032,
4	25	29	30	Florida Statutes	
	9. Name and Address of Curr	ent Registered Agent	2.1	10. Name and Address of New R	egistered Agent
			81 Name		
	TRY, JOHN E		82 Street A	ddress (P.O. Box Number is Not Acceptab	θ)
	YAL PALM BEACH BLVD		83		
WEST PA	ALM BEACH FL 33411				
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut	les, the above-named con	poration submits this statement for the pur	pose of changing its registered office
or rapidars	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	vida. Such channé was authorit	zed by the corporation's p	poration submits this statement for the por loard of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE _	in and doodpit who do gottom and				
SIGNATURE:	Signature, typed or printed name of registered ag-		DTE Registered Agent signature req		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D HOUNOTON IOUN E	DELETE	1. 1 TITLE		L Orlange L Modulos
NAME	MCKINSTRY, JOHN E 4060 ROYAL PALM BEACH	BI VID	1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	WEST PALM BEACH FL 334		1.4 CHY-SI-ZIP		
CITY-S1-ZIP TITLE	D	[] DELETE	2 1 TITLE	444	Change Addition
NAME	MCKINSTRY, WILLIAM A	· ·	2 ? NAME		
STREET ADDRESS	4060 ROYAL PALM BEACH	BLVD	2.3 STREET ADDRESS		
C:TY - ST - ZIP	WEST PALM BEACH FL 33	436	2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
City - St - ZiP		[] DELETE	3.4 C(TY - ST - ZIP 4. 1 TITLE		Change Addition
TITLE		L. J Dette it.	4.1 MLE 4.2 NAME		C change C change
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 C/TY - ST - Z/P		•
City-St-Zip Title		DELFIE	5. 1 TITLE		Change Addition
NAME		 -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CHY+ST+ZIP		P
TITLE		Defeie	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		of with this films is not manyly for	6.4 CITY-ST-7IP	fy for the exemption stated in Section 119	07(3)(k) Florida Statutes I further
certify that		nnuat report or supplemental an poration or the receiver or tru s t	nual report is true and acc se empowered to execute	curate and that my signature shall have the this report as required by Chapter 607, Fl	

SIGNATURE:

TYPED OR PRINTED NAVIGOE SIGNING OFFICER OR DIRECTOR