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PROFIT CORPORATION **ANNUAL REPORT**

1997



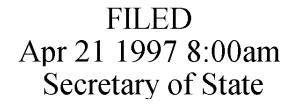
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001196 (2)

BRICE LAWN SERVICE, INC.





| Principal Plac | o of Rucinose | Mailing Address | | | | |
|--|---|------------------------|--|---|--|---|
| % JOHN P. MII | lligan L BLVD., Suite 103 | % JOHN P. MILLIGAN | John P. Milligan 30 Colonial Blyd., Suite 103 | | | |
| | | | | | 3. Date Incorporated or Qualified 01/05/1994 | 3a. Date of Last Report 04/18/1996 |
| | flace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Sulte, Apt. | # etc | Suite Ant # etc | Suite, Apt. #, etc. | | 65-0459196 | Not Applicable S8.75 Additional |
| 22 | | 27 | | Certificate of Status Desired | Fee Required | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Cour | itry | 8. This corporation has liability for | |
| 24 | 25 25 Name and Address of Curre | | 30 | | Florida Statutes 10. Name and Address of New Re | Yes No |
| MILL | IGAN, JOHN P JR | itt tiogistored rigoni | | 81 Name | 10, Maille and Address of New Tie | giotorea Agent |
| 1500 COLONIAL BLVD., SUITE 103 | | | | 82 Street A | ddress (P.O. Box Number is Not Acceptat | plo |
| | MYERS FL 33907 | | | SIFEEL A | odress (P.O. Box Number is Not Acceptat | 310) |
| , | | | [| B3 | | |
| | | | - | B4 City | | 85 Zip Code |
| | | | | ` ' | | - P-L ' |
| office or r agent. I a SIGNATURE | registered agont, or both, in the State im familiar with, and accept the oblig | | | | orporation submits this statement for the poration's board of directors. I hereby accept | pt the appointment as registered |
| | Signature, typed or printed name of registered ag | | | Agent signature re | oquired when reinstating) | DAYE |
| 12. | OFFICERS AN | ID DIRECTORS DELETE | 13. | <u>. </u> | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 Change Addition |
| NAME | MILLER, ELEANOR B | La Decent | 1.2 NAI | | | |
| STREET ADDRESS | 9101 LADYBUG COURT | | | EET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | | 1.4 CIT | Y-ST-7IP | | |
| TITLE | DELETE | | 2.1 T(1) | E | | Change Addition |
| NAME | | | 2.2 NAI | AE | | |
| STREET ADDRESS | | | 2.3 STF | EET ADDRESS | · · · · · · · · · · · · · · · · · · · | |
| CITY-ST-ZIP | | ☐ DELETE | | Y-ST-ZIP | | |
| TITLE | | C) DECEIE | 3.1 1(1) | I | | Change Addition |
| NAME STREET ADDRESS | | | 3.2 NAI | EE1 ADDRESS | | |
| CITY-ST-ZIP | | | | Y-S1-ZIP | | |
| TITLE | | | 4.1 7(1) | | · · · · · · · · · · · · · · · · · · · | Change Addition |
| NAME | | | 4. 2 NA | ME | | |
| STREET ADDRESS | | | 4.3 STF | EE'I ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CIT | Y - S1 - ZIP | | |
| TITLE | DELETE 5.11 | | 5.1 1(1) | .ŧ] | | Change Addition |
| NAME | | | 5.2 NA | - 1 | | |
| STREET ADDRESS | | | | EE1 ADDRESS | | |
| CITY-ST-ZIP | | DELETE | | Y - \$1 - ZIP | | Change Addition |
| TITLE | | רין טנונונ | 6.1 1ITI | | | LI CHANGE LI ADDITION |
| NAME STREET ADDRESS | | | 6.2 NAI | REEL ADDRESS | | |
| CITY-ST-ZIP | | | | Y - ST - ZIP | | |
| U111-31-ZIP | l <u></u> | | 0.4 (1) | 1.21.715 | <u> </u> | |

Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.