

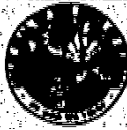
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY 18 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000001976 (7)

1. Corporation Name

BIG E LAWN SERVICE, INC.

Principal Place of Business

4407 COCONUT DRIVE SOUTHFF
LAKE WORTH FL 33461

Mailing Address

P.O. BOX 7044
LAKE WORTH FL 33468-7044

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

4. FEI Number

65-0463956

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



Yes ☒ No

2. Principal Place of Business

21 4784 WAVERLY WOODS TER

2a. Mailing Address

27 Suite, Apt. #, etc.

22 LAKE WORTH, FL

28 City & State

23 City & State

29 City & State

24 33463

25 P.B.

29

30

9. Name and Address of Current Registered Agent

TORRES, LORRIE
4407 COCONUT DRIVE SOUTHFF
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name

TORRES, LORRIE

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

83 4784 WAVERLY WOODS TER.

84 City

LAKE WORTH

85

Zip Code

33463

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

Lorrie Torres

LORRIE TORRES, R.

MAY 12, 1995

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PRES.	☒ Change ☐ Addition
1.2 NAME	ELVIN TORRES	
1.3 STREET ADDRESS	4784 WAVERLY WOODS TER.	
1.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
2.1 TITLE	D/VP/SALES/TRAS	☒ Change ☐ Addition
2.2 NAME	LORRIE TORRES	
2.3 STREET ADDRESS	4784 WAVERLY WOODS TER.	
2.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
3.1 TITLE	JEFFERY COONRAD - D.V.P.	☒ Change ☐ Addition
3.2 NAME	4784 WAVERLY WOODS TER.	
3.3 STREET ADDRESS	LAKE WORTH, FL 33463	
3.4 CITY - ST - ZIP		
4.1 TITLE	LIAISON OFFICER	☒ Change ☐ Addition
4.2 NAME	DAVID SHAW	
4.3 STREET ADDRESS	4784 WAVERLY WOODS TER.	
4.4 CITY - ST - ZIP	LAKE WORTH, FL 33463	
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 110.07(3)(b), 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:

Lorrie Torres

LORRIE TORRES, R/D/VP

(407) 642-9979

(Signature and typed or printed name of signing officer or director)

DATE

Daytime Phone

MAY 12, 95