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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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000001976 (7)

1. Corporation Name
BIG E LAWN SERVICE, INC.

Principal Place of Business	Mailing Address
4407 COCONUT DRIVE SOUTHFF LAKE WORTH FL 33461	P.O. BOX 7044 LAKE WORTH FL 33466-7044

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4784 WAVERLY WOODS TER	26
Suite, Apt. #, etc. 22 LAKE WORTH, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 33463 / 25 P.B.	Zip / County 29 / 30

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

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
TORRES, LORRIE 4407 COCONUT DRIVE SOUTHFF LAKE WORTH FL 33461	81 Name: TORRES, LORRIE 82 Street Address (P.O. Box Number is Not Acceptable): 83 4784 WAVERLY WOODS TER. 84 City: LAKE WORTH FL 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: [signature] LORRIE TORRES, R. MAY 12, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	PRES.	☒ Change ☐ Addition
NAME		1.2 NAME	ELVIN TORRES	
STREET ADDRESS		1.3 STREET ADDRESS	4784 WAVERLY WOODS TER.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		2.1 TITLE	D/VP/SEC/TREAS	☒ Change ☐ Addition
NAME		2.2 NAME	LORRIE TORRES	
STREET ADDRESS		2.3 STREET ADDRESS	4784 WAVERLY WOODS TER.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		3.1 TITLE	JEFFERY CONRAD - S.D.V.P.	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	4784 WAVERLY WOODS TER	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		4.1 TITLE	LIAISON OFFICER	☐ Change ☐ Addition
NAME		4.2 NAME	DAVID SHAW	
STREET ADDRESS		4.3 STREET ADDRESS	4784 WAVERLY WOODS TER.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: [signature] LORRIE TORRES, P/D/VP (407) 642-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAY 12, 95

0439947 FP