

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000005493 (9)

1. Corporation Name
LAWN POWER, INC.



Principal Place of Business: **288 HWY 17 SOUTH EAST PALATKA FL 32131**
Mailing Address: **P.O. BOX 87 EAST PALATKA FL 32131 US**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 01/24/1994	3a. Date of Last Report 04/26/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3215610	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOMLINSON, CECIL W 288 HWY 17 SOUTH EAST PALATKA FL 32131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 current agent and title if applicable (None - Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON, CECIL W			12 NAME			
STREET ADDRESS	RT. 1, BOX 144			13 STREET ADDRESS			
CITY - ST - ZIP	EAST PALATKA FL 32131			14 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON, PAULINE N			22 NAME			
STREET ADDRESS	RT. 1, BOX 144			23 STREET ADDRESS			
CITY - ST - ZIP	EAST PALATKA FL 32131			24 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON, ROBERT D			32 NAME			
STREET ADDRESS	104 WILLOW ST.			33 STREET ADDRESS			
CITY - ST - ZIP	SATSUMA FL 32189			34 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pauline N. Tomlinson Sec Gen* **PAULINE N. TOMLINSON** 82-02-96 904-325-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period #

CR2E034 (3/96)