## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address
1382 HILLTOP DRIVE

NAPLES FL 34103-3317

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1382 HILLTOP DRIVE NAPLES FL 33940



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000006652 (9)

ROBERT DRUMMOND LAWN SERVICE, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 02/01/1994 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0498659 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199 032. Fiorida Statutes Yes No Country Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STWART, JAMES C JR 1725 COUNTY ROAD 951 Street Address (P.O. Box Number is Not Acceptable) 82 **GOLDEN GATE FL 33999** 83 84 City Zip Code 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. SIGNATURI Signature, syand or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE DRUMMOND, ROBERT B 1.2 NAME NAME 1382 HILLTOP DR. 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33940 City - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 T(T) F 31117 DRUMMOND, ROBERT A NAME 2.2 NAME 1382 HILLTOP DR. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33940 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition THE 317ITLE NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4. City-St-ZIP Offy-SI-ZP DELETÉ Change Addition 3.11 T 4.1 TITLE MANE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 011Y+ST-265 DELETE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$T-ZIP CITY ST ZIP DELETE Change Addition 11~16 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 2(P 14. I do hereby certify that the information supplied with this filling 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, Fiprica Statutes; and that my name

FILED Apr 10 1997 8:00am Secretary of State

