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Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000008407 (6)

1. Corporation Name

TURFMASTER LAWN & ORNAMENTAL CARE, INC.

Principal Place of Business

2840 S OREGON AVE  
SANFORD FL 32771  
US

Mailing Address

PO BOX 1012  
DEBARY FL 32713-1012  
US

2. Principal Place of Business

21 401 Laurel Ave

Suite, Apt. #, etc.

22

City & State

23 Sanford, FL

Zip

24 32771

Country US

25 Sempron

2a. Mailing Address

26 P.O. Box 1012

Suite, Apt. #, etc.

27

City & State

28 DeBary FL.

Zip

29 32713-1112

Country US

30 US

9. Name and Address of Current Registered Agent

KOHLER, GALE M  
7 ROSEDOWN BOULEVARD  
DEBARY FL 32713

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

04/08/1996

4. FEI Number

59-3216619

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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.

SIGNATURE

Gale M. Kohler

Gale M. Kohler

Accounting Manager

2/12/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KOHLER, STEPHEN G.  
STREET ADDRESS #7 ROSEDOWN BLVD  
CITY-ST-ZIP DEBARY FL

TITLE D ☐ DELETE

NAME LEE, DOUGLAS C.  
STREET ADDRESS 128 BUCKSKIN WAY  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

Gale M. Kohler

2/13/97

407-321-9927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)