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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of St. 2
DIVISION OF CORPORATIONS

1996

P94000008655 (0)

**DOCUMENT #**1. Corporation Name

Q'S LAWN SERVICE, INC.

Q S LAWN SERVICE, INC.											
Principal Place	of Business	Mailing Address					(II) <b>48</b> 111 <b>4</b> 1	0111 <b>0610</b> 1 (0100 011	#1 #11 <b>3</b> 1 #6)( 188)		
1433 SE 21 POMPANO	ND ST BEACH FL 33060	1433 SE 2ND ST POMPANO BEACH F	i. 33060								
						3. Date Incorporated or Qualified 01/24/1994	3a. D	04/18/19	95		
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0406607		<b>├</b>	pplied For lot Applicable	_	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired		
City & State		City & State	<del></del> '			6. Election Campaign Financing Trust Fund Contribution		Added to Fees			
Zip <b>24</b>	Country 25	Zip 29	30 Co	untry			☐ No		199.032,		
	g, Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legister	ed Agent		4	
		·		81	Name					1	
GJESDAHL, QUENTIN 1433 SE 2ND ST				82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)				
POMPA	ANO BEACH FL 33060			83							
				84	City		F	B5 Zip	Code		
or register	ed agent, or both, in the State of Florid	da. Such change was authoriz	ed by the	corpo	med corporation's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of ointment	changing its re t as registered	egistered offic agent. I am	e	
SIGNATURE	th, and accept the obligations of, Sect						DATI				
	Signature, typed or printed name of registered agent OFFICERS AN				signature required	when reinstating)  ADDITIONS/CHANGES TO OFF			BS IN 12	-18	
12.	D OFFICERS AIN	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OT	IOLING	Change	Addition	–  ફે	
TITLE	GJESDAHL, QUENTIN			1.2 NAME					_	5	
NAME	1433 SE 2ND ST			STREET A	nnosee					[	
STREET ADDRESS	POMPANO BEACH FL 3306	20								CB0E034 (19/05)	
CHY-ST-ZIP	FUMPANO DEACH PE 3300	DELETE		CITY-ST TITLE	ZIP			Change	☐ Addition	⊣Շ	
TITLE		L precie		NAME					_		
NAME				STREET A	nnpree						
STREET ADDRESS											
CITY-S1-ZIP TITLE	<u> </u>	☐ DELETE		CITY-ST TITLE	Zir			Change	Addition	-	
				NAME					_		
NAME				STREET	ADDRESS						
STREET ADDRESS			1	CITY-ST	1						
CITY-ST-7IP TITLE		☐ DELETE		TITLE	20			☐ Chançe	Addition	7	
NAME		<u> </u>		NAME				-			
STREET ADDRESS	}			STREET A	ODRESS						
				CITY-ST							
CITY+ST-ZIP TITLE	<u> </u>	☐ DELETE		TITLE				☐ Change	☐ Addition	$\neg$	
NAME				NAME						-	
STREET ADDRESS				STREET	ADDRESS						
				CITY-ST							
CITY-ST-ZIP TITLE		DELETE		TITLE				Change	☐ Addition	$\exists$	
NAME				NAME							
				STREET	ADDRESS						
STREET ADDRESS				CITY-ST							
CITY - ST - ZIP	1		54	UILT - 31	- t-11 1	Carrier 110	2.07(0).03	F1=32= 64-1-2	aa I fuutbas		

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 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 AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 954-735-2121