

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

CORPORATION
ANNUAL REPORT



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

1995 5-1-95

APPROVED
AND
FILED

95 MAY -1 PM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015956 (3)

1. Corporation Name

LAWN TAMERS, INC.

Principal Place of Business

4431 NW 53RD STREET
GAINESVILLE FL 32606

Mailing Address

4431 NW 53RD STREET
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3242966

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

LAPRADD, CHARLES T
4431 NW 53RD STREET
GAINESVILLE FL 32606

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

Charles T. LaPradd

Charles T. LaPradd

4.29.95

(Signature typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LAPRADD, CHARLES T
STREET ADDRESS	4431 NW 53RD STREET
CITY, ST, ZIP	GAINESVILLE FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 Sections 110 (2)(b) Florida Statutes. I further certify that the information submitted 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 make this report as required by Chapter 432, Florida Statutes, and that my name appears in Block 12 of Block 1.3 of this report, or on an attachment with an address.

SIGNATURE:

Charles T. LaPradd

Charles T. LaPradd

4.29.95

9043741447

SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR