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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019284 (6)

1. Corporation Name

THE WORKS TOTAL LAWN CARE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4032
FT. PIERCE FL 34948

P.O. BOX 4032
FT. PIERCE FL 34948

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

10/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILLIOS, MAXINE
2414 SW FALCON CIRCLE
PORT ST. LUCIE FL 34953

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

Signature typed or printed name of registered agent and the date

DATE Registered Agent's signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE D BOMPARTITO, JODY ☐ DELETE
NAME
STREET ADDRESS 651 HERNANDO STREET
CITY- ST- ZIP FORT PIERCE FL 34949

TITLE D BOMPARTITO, RENE ☐ DELETE
NAME
STREET ADDRESS 651 HERNANDO STREET
CITY- ST- ZIP FORT PIERCE FL 34949

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

1.1 TITLE D BOMPARTITO Jody ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1015 GRANDVIEW
1.4 CITY- ST- ZIP FT PIERCE FL 34950

2.1 TITLE D BOMPARTITO RENE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1015 GRANDVIEW
2.4 CITY- ST- ZIP FT PIERCE FL 34950

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jody Bompertito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody Bompertito

4-29-96 407-465-7245
Date Expiration Period

CR2E034 (12/95)