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Jan 27 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 # P94000019284 (6)

1. Corporation Name
THE WORKS TOTAL LAWN CARE, INC.

Principal Place of Business
P.O. BOX 4032
FT. PIERCE FL 34948

Mailing Address
P.O. BOX 4032
FT. PIERCE FL 34948-4032



3. Date Incorporated or Qualified
03/09/1994
3a. Date of Last Report
05/01/1996

4. FEI Number
65-0481199
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

1-16-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BOMPARTITO, JODY	
STREET ADDRESS	1015 GRANDVIEW	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	DELETE
NAME	BOMPARTITO, RENE	
STREET ADDRESS	1015 GRANDVIEW	
CITY-ST-ZIP	FORT PIERCE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Change	Addition
1.2 NAME	Jody Bompertito		
1.3 STREET ADDRESS	1015 Grandview		
1.4 CITY-ST-ZIP	Ft Pierce FL-34950		
2.1 TITLE		Change	Addition
2.2 NAME	Rene Bompertito		
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 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: Jody Bompertito Rene Bompertito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-16-97 561-465-7245
Date Daytime Phone #

CR2E034 (9/96)