

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY - 1 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023332 (7)

1. Corporate Name

AMERICAN LAWN SERVICES, INC.

Principal Place of Business

13819-G WALSINGHAM ROAD  
SUITE 249  
LARGO FL 34644

Trading Address

13819-G WALSINGHAM ROAD  
SUITE 249  
LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized  3a. Date of Last Report  
03/28/1994

4. EFT Number  Applied For  
59-3231493  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

7. This corporation has liability for intangible tax under § 199.072 Florida Statutes  Yes  No

2. Previous Place of Business

21.  Same As Above

22.  City & State

23.  City & State

24.  City & State

2a. Mailing Address

26.  Same As Above

27.  City & State

28.  City & State

29.  City & State

30.  USA

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81. Name

82. Street Address, P.O. Box Number, if Not Applicable

83.

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.06 (7)(b) and 607.19(8) 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 607.19(8) Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	P REPINISKI, JOHN 13819-G WALSINGHAM ROAD, SUITE 249 LARGO FL 34644	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME 6. NAME 7. STREET ADDRESS 8. CITY & ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9. NAME 10. NAME 11. STREET ADDRESS 12. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME 14. NAME 15. STREET ADDRESS 16. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME 18. NAME 19. STREET ADDRESS 20. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		21. NAME 22. NAME 23. STREET ADDRESS 24. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25. NAME 26. NAME 27. STREET ADDRESS 28. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(6) 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 trustee or trustee empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 14 of chapter 607 or my affidavit with an addressee.

SIGNATURE:

*John Repinski*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

Form 607-15 Rev. 8

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