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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000023332 (7)

# **FILED** Apr 22 1997 8:00am Secretary of State

AMERICAN LAWN SERVICES, INC-  Principal Place of Business Mailing Address  13819-G WALSINGHAM ROAD SUITE 249 LARGO FL 34644  ARGO FL 33774-3242					ROAD			3. Date incorporated or Qualified 3a. Date of Last Report			
								03/28/1994	04/	23/1996	
2. Principal I	Place of Bus	iness	28.	Mailing Address				4. FEI Number		A <sub>I</sub>	oplied For
21	<b></b>	.,	26					59-3231493			ot Applicable
Suite, Apt	#, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta			. 27	City & State				# Election Composing Singular		<del></del>	<u>-i-</u>
23]			28	ony a orașo				<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ol>	' n		May Be to Fees
Zιρ		Country		Zip	Cou	ntry		8. This corporation has liability (	or intangible		
24		25	29		30			Florida Statutes		□ No	
	9. Nam	and Address of Co	urrent Regist	tered Agent				10. Name and Address of New	Registered	Agent	
LAV	V FIRM OF	LAWRENCE J. SF	PIEGEL CHA	ARTERED		81 N	lame				
343 ALMERIA AVENUE						82 S	treet Addre	fress (P.O. Box Number is Not Acceptable)			
COI	ral gabli	S FL 33134							· · · · · · · · · · · · · · · · · · ·		
					'n	83					
					ŀ	84 C	ity	<del></del>		<b>85</b> Zip	Code
						1	•		<u> </u>	. 1 1	
office or agent 1:	t to the provi registered a am familiar v	sions of Sections 607 gent, or both, in the b with, and accept the c	7.0502 and 60 State of Floric obligations of	07.1508, Florida Sta da. Such change w f, Section 607.0505	atutes, the at as authorized , Florida Stat	ove-na by the utes.	amed corpo e corporatio	ration submits this statement for the on's board of directors. I hereby ac	cept the app	pointment as	registered
office or agent 1: SIGNATURE		n or printed name of register		il applicable. (				ration submits this statement for the on's board of directors. I hereby act when reinstaling)  ADDITIONS/CHANGES TO OF	DATE		
SIGNATURE	Square ye	of our printed name of register OFFICERS	nd agent and title	il applicable. (	NOTE: Hegistered	Ageni si		d when reinstaling)	DATE		RS IN 12
SIGNATURE	P REPINSI	of or printed name of register OFFICERS	red agent and title S AND DIREC	If applicable. (CTORS DELETE	NOTE: Hegistered	Ageni si		d when reinstaling)	DATE	D DIRECTOR	RS IN 12
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I do hereby certify that the information supplied with this filling 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 other or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chang

**SIGNATURE:** 

Daytime Phone #

0385689