FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 126 MARTIN STREET

2a. Mailing Address

26

INDIAN HARBOUR BEACH FL 32937-2729

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Brishess

INDIAN HARBOUR BEACH FL 32937

2. Poncipal Place of Business

appears in Block 12 or Block 13 if

SIGNATURE:

Soite Part # etc

126 MARTIN STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000028448 (6)**

CUT N' EDGE LAWN AND LANDSCAPE, INC.

Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes No 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, CONSTANCE E **126 MARTIN STREET** Street Address (P.O. Box Number is Not Acceptable) INDIAN HARBOUR BEACH FL 32937 83 84 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. Fair familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE groupe of the chory propried and tame be it applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE F 3.1 TITLE Change Addition JOHNSON, STEPHEN L. MAY: 1.2 NAME 126 MARTIN ST STREET ARCE to 1.3 STREET ADDRESS INDIAN HARBOUR BEACH FL CITY ST 26 1.4 City-ST-ZIP DELETE HI F 2.17(1) Change Addition JOHNSON, CONSTANCE E. NAME 2.2 NAME 126 MARTIN ST. SMIELT ADDRESS 2.3 STREET ADDRESS INDIAN HARBOUR BEACH FL CHY SI 2 4 CITY-ST-ZIF DELETE 1:1 F 3.1 TITLE Change Addition DAME 3.2 NAME STREET ALIDNES! 3.3 STREET ADDRESS DEVISE A 34 CHY-ST-7P DELETE 100 4.1 TITLE Change Addition NALSE 4.2 NAME STHEET Aftorniss 4.3 STREET ADDRESS Cr. Y- All 7 st 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition Nesti 5.2 NAME STREET AROBESS 5.3 STREET ADDRESS CITY-ST 73 5.4 CITY - ST - ZIP DELETE 1116 61 TIFLE Addition NAME 6.2 NAME Streat ADDRESS 63 STREET ADDRESS 64 CITY - ST-ZIP 14. I do be only 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 in disabel on this armuel 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 cooperation of the receiver or trustee empored to pour this report as required by Chapter 607, Florida Statutes; and that my name

FILED Mar 19 1997 8:00am Secretary of State

> 3a. Date of Last Report 03/05/1996

> > Applied For

Not Applicable

(96/6)



Date Incorporated or Qualified

04/12/1994

59-3238478

4. FEI Number