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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030241 (1)**

1. Corporate Name
J.T. LAWN CARE, INC. OF S.W. FL

Principal Place of Business
1786 POWELL DRIVE
N FT MYERS FL 33917

Mailing Address
1786 POWELL DRIVE
N FT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number ☑ Applied For ☐ Not Applicable
22 Suite, Apt. # etc.
27 Suite, Apt. # etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 25 29 30
8. The corporation is electing for indemnification under S. 607.0850, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HARRISON, JAMES F
1786 POWELL DR.
N FT MYERS FL 33917

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 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE James Harrison 4.28.95
(Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS

TITLE President
NAME James Harrison
STREET ADDRESS 1786 Powell DR
CITY, ST, ZIP N Ft Myers FL 33917

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. Optional: I hereby certify that the information supplied with this report is complete, accurate and current as of the mailing date stated in Section 1 of this report. I further certify that the corporation has complied with all applicable provisions of Florida Statutes, including, but not limited to, those pertaining to the payment of franchise taxes, and that its corporate status has not been administratively dissolved under Section 607.0505, Florida Statutes, and that its name appears in the records of the Department of State as a corporation authorized to transact business in the State of Florida.

SIGNATURE: James Harrison 4 28 95 813 997 2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James Harrison

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