

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000031235 (2)**

1. Corporation Name

ISHIE'S LAWN SERVICE, INC.

Principal Place of Business

**2030 SQUIRREL RUN
GENEVA FL 32732**

Mailing Address

**2030 SQUIRREL RUN
GENEVA FL 32732**

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

g. Name and Address of Current Registered Agent

**ISHIE, FRANK
2030 SQUIRREL RUN
GENEVA FL 32732**

3. Date Incorporated or Qualified
04/22/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3247031

Applied For
Not Applicable

5. Certificate of States 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

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. Thereby 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 corporation)

(NOTE: Registered Agent Signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE

NAME **ISHIE, FRANK**
STREET ADDRESS **475 CARRIGAN AVE.**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VT** ☐ DELETE

NAME **ISHIE, LINDA C**
STREET ADDRESS **475 CARRIGAN AVE.**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **2030 Squirrel Run**
14 CITY-ST-ZIP **GENEVA, FL. 32732**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS **2030 Squirrel Run**
24 CITY-ST-ZIP **GENEVA, FL. 32732**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

500001827915
05/17/96 **01/24/96**
******200.00** ******200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra C. Ishie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

(407) 349-2589

CR2E034 (12/95)