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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035863 (7)

R.J.'S LAWN CARE, INC.

Principal Place of Business

Mailing Address

3035 S.E. GALT CIRCLE PORT ST. LUCIE FL 34984 3035 S.E. GALT CIRCLE PORT ST. LUCIE FL 34984-633

FILED May 02 1997 8:00am Secretary of State



PORT ST. LUCIE FL 349	J4	PORT ST. LUCIE FL 34984-6	53539		
				3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 04/04/1996
2. Principal Place of Br		2a. Mailing Address		4. FEI Number	Applied For
).Longboat Way		kbood Way	65-0502487	Not Applicable
Suite, Apt. #, etc.	<i>J</i>	Suite, Apt. #, etc.	J J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Palm Cit	y, FL.	28 Palm Cty	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
134990	Country 25 Martin	Zip 29 34990	Country Martin	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes X No
9. Na	ne and Address of Current	Registered Agent		10. Name and Address of New Reg	platered Agent
RUSSO, RIC	HARD J		B1 Name <	ame	
3035 SE GA	LT CIR			lress (P.O. Box Number is Not Acceptable	le)
PORT ST. LI	JCIE FL 34984		2622	500 Longhood Was	<u> </u>
			83	J -	J
			84 Cit	~ C1.	85 Zip Code
11 Character to the tree	ic one of Spations 607 0600	and 607 1509 Florida Statuta	s the above named cor	poration submits this statement for the pi	Urnose of changing its registered
office or registered agent. Lanctamica	agent, or both, in the State of	of Florida. Such change was au lions of, Section 607.0505, Flor	uthorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
	ped or profed name of registered agent		Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TILF P	A DICUADO I	☐ DELFTE		same Samu , , ,	Change Addition
0000	O, RICHARD J		12 NAME	622 SW Longboard V	Vay
177.01.78000000	SE GALT CIR		1.3 STREET ADDRESS	01 01 51 21	1990
	ST LUCIE FL		1.4 CITY-ST-ZIP		
TIBLE S	A SEATELIE	DELETE		same	Change Addition
0005	D, NATALIE			same on Longboat l	Nay
	SE GALT CIR		2 3 STREET ADDRESS		
	AT LUMP PL		•	2622 SW Lot 150000 0	Jaga
**************************************	ST LUCIE FL	or he	2.4 CITY-ST-ZIP	Palm City, FL. 3	4990
	ST LUCIE FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Palm City, FL. 3	4990
TETAF	ST LUCIE FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	Palm City, FL. 3	4990
TETE F NAME	ST LUCIE FL	☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Palm City, FL. 3	4990
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TREF NAME STREET ADORESS CUTY STUZZE TITLE	ST LUCIE FL		2. 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME	Palm City, FL. 3	4年名の □ Change □ Addition
TREF NAME STREET ADDRESS CHY ST-Z49 THUE	ST LUCIE FL		2. 4 GITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP 4.1 TITLE	Palm City, FL. 3	4年名の □ Change □ Addition
BTNF NAME STREEF ADORESS COLY STORE HILLE NAME STREEF ADDRESS COLY STORE	ST LUCIE FL	☐ DELETE	2. 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Palm City, FL. 3	LAGO Addition Addition Addition Addition
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TREE SUBJECT ADDRESS COLY SEZIE THEF NAME SCREEL ADDRESS COLY SEZIE NAME SUBJECT ADDRESS COLY SEZIE THEF THEF THEF THEF	ST LUCIE FL	☐ DELETE	2. 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 6.1 TITLE	Palm City, FL. 3	Change Addition Change Addition Change Addition

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 eath; 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:

FALL KKERO NAHE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I

R.Russo

3/10/97

561-219-0981