

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000035863 (7)

1. Corporation Name
R.J.'S LAWN CARE, INC.

Principal Place of Business
**3035 S.E. GALT CIRCLE
PORT ST. LUCIE FL 34984**

Mailing Address
**3035 S.E. GALT CIRCLE
PORT ST. LUCIE FL 34984-6339**



2. Principal Place of Business 21 2622 S.W. Longboat Way Suite, Apt. #, etc.		2a. Mailing Address 26 2622 SW Longboat Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 04/04/1996
22. City & State 23 Palm City, FL. Zip Country 24 34990 25 Martin		27. City & State 28 Palm City, FL. Zip Country 29 34990 30 Martin		4. FEI Number 65-0502487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent RUSSO, RICHARD J 3035 SE GALT CIR PORT ST. LUCIE FL 34984			10. Name and Address of New Registered Agent B1 Name same B2 Street Address (P.O. Box Number is Not Acceptable) 2622 SW Longboat Way B3 B4 City Palm City, FL B5 Zip Code 34990		

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME RUSSO, RICHARD J STREET ADDRESS 3035 SE GALT CIR CITY - ST - ZIP PORT ST LUCIE FL	<input type="checkbox"/> DELETE	1.1 TITLE same 1.2 NAME same 1.3 STREET ADDRESS 2622 SW Longboat Way 1.4 CITY - ST - ZIP Palm City, FL. 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME RUSSO, NATALIE STREET ADDRESS 3035 SE GALT CIR CITY - ST - ZIP PORT ST LUCIE FL	<input type="checkbox"/> DELETE	2.1 TITLE same 2.2 NAME same 2.3 STREET ADDRESS 2622 SW Longboat Way 2.4 CITY - ST - ZIP Palm City, FL. 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Natalie R. Russo Natalie R. Russo 3/10/97 561-219-0980
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/96)