

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**95 APR 14 PM 2:20**

**DOCUMENT # P94000041171 (7)**

1. Corporation Name  
**ABSOLUTE LAWN CARE, INC.**

Principal Place of Business  
**1253 UNIVERSITY DR.  
SUITE 246  
CORAL SPRINGS FL 33071**

Mailing Address  
**1253 UNIVERSITY DR.  
SUITE 246  
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/27/1994**

3a. Date of Last Report  
**N/A**

4. FEI Number  
**65-0495635**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**ADOLPH, STEPHAN P  
12461 S.W. 1ST ST.  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name **PATRICIA A. ADOLPH**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12461 SW 1ST ST.**

83

84 City **CORAL SPRINGS FL** 85 Zip Code **33071**

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 *Patricia A. Adolph* **3-31-95**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADOLPH, STEPHAN P</b>	1.2 NAME	<b>P ADOLPH, STEPHAN P.</b>
STREET ADDRESS	<b>12461 S.W. 1ST ST.</b>	1.3 STREET ADDRESS	<b>12461 SW 1ST ST.</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33071</b>	1.4 CITY - ST - ZIP	<b>CORAL SPRINGS, FL. 33071</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>ADOLPH, STEPHAN P.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>12461 SW 1ST ST.</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>CORAL SPRINGS, FL. 33071</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ADOLPH, PATRICIA A.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>12461 SW 1ST ST.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>CORAL SPRINGS, FL. 33071</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>S ADOLPH, PATRICIA A.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>12461 SW 1ST ST.</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>CORAL SPRINGS, FL. 33071</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(M), Florida Statutes. I further certify that the information furnished 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 (changed, or on an attachment) with an address.

SIGNATURE *Patricia A. Adolph* **3/31/95** **(305) 752-3314**  
(NOTE: Registered Agent signature required when reinstating) DATE **(305) 768-5969**