

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000042313 (4)**

1. Corporation Name

GDS LAWN CARE, INC.



Principal Place of Business

Mailing Address

**600 FIFTH AVE-S
SUITE-210
NAPLES-FL 33940**

**600 FIFTH AVE-S
SUITE-210
NAPLES-FL 33940**

2. Principal Place of Business

2a. Mailing Address

21 **600 Fifth Avenue South**

26 **600 Fifth Avenue South**

Suite, Apt #, etc

Suite, Apt #, etc

22 **Suite 207**

27 **Suite 207**

City & State

City & State

23 **Naples, Florida**

28 **Naples, Florida**

Zip

Zip

Country

Country

24 **34102**

25 **USA**

29 **34102**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, CAROL R
600 FIFTH AVE-S
SUITE-210
NAPLES-FL 33940**

81 Name
Carol R. Brugger

82 Street Address (P.O. Box Number is Not Acceptable)
600 Fifth Avenue South

83 **Suite 207**

84 City
Naples

FL

85 Zip Code
34102

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

July 31, 1996

Signature type for product use only (registered agent and state if applicable) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SELLERS, GLENN D
600 FIFTH AVENUE SOUTH, #210
NAPLES-FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**PVST
Sellers, Glenn D.
600 Fifth Avenue South, #207
Naples, Florida 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Glenn D. Sellers**, President

July 31, 1996 (941)263-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn D. Sellers

Date Signature Phone #

CR2E034 (3/96)