

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000043993 (2)

1. Corporation Name

HAVEN LAWN CARE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10:32

Principal Place of Business

Mailing Address

**109 WALDEMAN CT.
WINTER HAVEN FL**

**109 WALDEMAN CT.
WINTER HAVEN FL**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 109 Waldemar Ct. SE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Winter Haven, FL

28

Zip

Country

Zip

Country

24 33884

25

USA

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

06/07/1994

4. FEI Number

59-325 8600

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMBACH, RAYMOND B
109 WALDEMAN CT.
WINTER HAVEN FL**

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. I hereby 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 fee, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BAUMBACH, RAYMOND B**
STREET ADDRESS **109 WALDEMAN CT.**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE **D**
NAME **BAUMBACH, TERESA C**
STREET ADDRESS **109 WALDEMAN CT.**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

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

6 2 NAME

6 3 STREET ADDRESS

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 110.07(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: *Raymond B. Baumbach* **RAYMOND B. BAUMBACH** **6/5/95** **(813) 325 8060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number