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.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P94000043993 (2)

HAVEN LAWN CARE, INC.

Principal Place of Business Mailing Address 109 WALDEMAN CT. 108 WALDEMAR CT SE WINTER AHVEN FL 33884 WINTER HAVEN FL 3. Date Incorporated or Qualified 3a. Date of Last Report

					06/07/1994		06/08/1995		
2. Principal Pla	ice of Business	2a. Mailing Address	S			4. FEI Number		Applied For	
ล		26				59-3258600		Not Applicable	
Suite, Apt #	, etc	Suite, Apt #, etc	С			5. Certificate of Status Desired	\$	8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	30 Cour	ntry		This corporation has liability for Florida Statutes	intangible tax Yes		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
BAUMBACH, RAYMOND B			81	Name					
109	WALDEMAN CT.		82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
WINTER HAVEN FL				83					
		84 City FL 85 Zip Code		5 Zip Code					
office or re	o the provisions of Sections 607. Igistered agent, or both, in the St	tate of Florida. Such change.	was authorized	oy t	named corpor he corporation	ration submits this statement for the p n's board of directors. I hereby accep	urpose of cha t the appointn	nging its registered lent as registered	

agent. i an	n tamiliar with, and accept the obligations i	or, section boy 0303, Fior	ida Statoles.					
SIGNATURE	Signature: (paid or printed came of registered agent and in	te if applicable (NOTE	Ragistered Agent's gnature requi	ed when reinstating)	[14]*		···································	
12. OFFICERS AND DIRECTORS			13.	OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1 1 TITLE		Į	Change		Addition
NAME	BAUMBACH, RAYMOND B		1.2 NAME					
STREET ADDRESS	109 WALDEMAN CT.		1 3 STREET ADDRESS					
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CiTY - ST - ZIP					
TITLE	D	DELETE	2.1 TITLE		L	Сћалде		Addition
NAME	BAUMBACH, TERESA C		2.2 NAME					
STREET ADDRESS	109 WALDEMAN CT.		2 3 STREET ADORESS					
CITY-ST-ZIP	WINTER HAVEN FL		2 4 CITY - ST - ZIP		·			
TITLE		DELETE	3 1 TIFLE		L	Change		Addition
NAME			3 2 NAME					
STREET ADDRESS			3 3 STREET ADDRESS					
CITY-ST-ZIP			3 4 CITY-S1-ZIP				<del></del>	
TITLE		DELETE	41 TILLE		Ļ	Change	LJ	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4.4 CHY - ST - ZIP					
TITLE		DELETE	5 1 TITLE		L	Change	Ш	Addition
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY - ST - ZIP			5 4 CITY - ST - ZIP		<del>-</del>			
TITLE		DELETE	61 TATLE		L	Change	$\Box$	Add tion
NAME			6 2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

-ST-ZIP

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.

Laymond & Baymbol RAYMOND B. BAYMBACH 941 325 8060 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR