FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051141 (7)**

1. Corporation Name
PRO 1 LAWN CARE SERVICE, INC.

Principal Place of Business	Mailing Address
8342 SYLVAN DRIVE WEST MELBOURNE FL 32904	8342 SYLVAN DRIVE WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1139 Ivanhoe ST. N.W.
22: Suite, Apt. #, etc.
23: City & State: Palm Bay, Florida
24: Zip: 32907
25: Country: U.S.A.

2a. Mailing Address
26: P.O. Box 100625
27: Suite, Apt. #, etc.
28: City & State: Palm Bay, Florida
29: Zip: 32910
30: Country: U.S.A

4. FEI Number: APPLIED FOR ☑ 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

KANAGIE, ROBERT
8342 SYLVAN DRIVE
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: David M Hoover
82 Street Address (P.O. Box Number Is Not Acceptable): 1139 Ivanhoe St. N.W.
83:
84 City: Palm Bay FL 85 Zip Code: 32907

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: David M Hoover David M Hoover 3-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	~~D~~	☐ Change ☐ Addition
NAME	~~KANAGIE, ROBERT~~	1.2 NAME		
STREET ADDRESS	~~8342 SYLVAN DRIVE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~WEST MELBOURNE FL 32904~~	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	P/T	☑ Change ☐ Addition
NAME	HOOVER, DAVID	2.2 NAME	David M Hoover	
STREET ADDRESS	8342 SYLVAN DRIVE	2.3 STREET ADDRESS	1139 Ivanhoe ST. N.W.	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	2.4 CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE		3.1 TITLE	S/M	☐ Change ☑ Addition
NAME		3.2 NAME	Linda Thornbrough	
STREET ADDRESS		3.3 STREET ADDRESS	1139 Ivanhoe ST. N.W.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(i), 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: David M Hoover David M Hoover 3-16-95 407-723-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0007337 CP