## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056071 (1)

HEAVENLY LAWN & LANDSCAPING, INC.

Principal Place of Business	Mailing Address	I INDII NOT LIP IBILI DIRLI COLLE DRILL ORINI ORINI ORINI DILLI ROSILI ADDRI LIDI LIDI
160 S.E. 7TH ST., SUITE 2 DEERFIELD BEACH FL 33441	190 S.E. 7TH ST., SUITE 2 DEERFIELD BEACH FL 33441-5493	

FILED									
Apr 24 1997 8:00am									
Secretary of State									

Principal Place	Principal Place of Business Mailing Address								<b>8</b> 711   8891	(101 1001		
160 S.E. 7TH ST., SUITE 2 DEERFIELD BEACH FL 33441				160 S.E. 7TH ST., SUITE 2 DEERFIELD BEACH FL 33441-5493								
									3. Date Incorporated or Qualified 07/27/1994	3a. Date of 04/25/1	1996	
2. Principal Pi	lace of Busine	ess	28	. Mailing Address					4. FEI Number			plied For
21			26						65-0508279			t Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State	6			City & State				6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees					
Zip	Country			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,					
24		25]	29		30]	T			Florida Statutes L  10. Name and Address of New Re	Yes No		<b></b>
		and Address of	Current Hegi	stered Agent		81	Nami		10. Name and Address of New He	Sigreten Afferi		
	CLAY, LESA					01				<del></del>		
	S.E. 7TH S	T., SUITE 2 ACH FL 33441				82	Stree	t Addre	ss (P.O. Box Number is Not Acceptat	ole)		
						83						
·						В4	City			FL 85		
11. Pursuant to office or reagent. I a	to the provision registered ago im familiar with	ons of Sections 6 ent, or both, in the h, and accept the	07.0502 and State of Flor obligations	607,1508, Florida Sta rida. Such change wa of, Section 607.0505,	atutes, tho as authori Fiorida S	abovi zed by Statutes	e-name the co s.	d corpo rporatio	ration submits this statement for the policy board of directors. I hereby acceptable acc	ourpose of char of the appointm	nging its nent as i	s registered registered
SIGNATURE					tion to say				3 when relustating)	DATE		
10	Signature, typed o	or printed name of regis	RS AND DIRE	<del></del>		3.	nic aig iaic	are resigned	ADDITIONS/CHANGES TO OFFIC		FCTOR	S IN 12
TITLE	DPT	OI TOL	11071110	DELETE		1 TIBLE			ADDITIONO OF A NACE OF OFFICE		Change	Addition
NAME	MCCLAY,	LEGA I				2 NAME						
STREET ADDRESS		TH ST #2					ADDRESS					
CITY-ST-ZIP		D BEACH FL	3441			4 CITY - 9						
TITLE	DVS	D DETION IE	20111	☐ DELETE		1 TITLE					Change	Addition
NAME		ROBERT E			2.1	2 NAME						
STREET ADDRESS	160 SE 7				2	3 STREET	ADDRESS	3				
City-ST-ZIP		D BEACH FL	33441		2	4 CITY-	S1 - 71P					
TITLE				DELETE	3	1 TITLE					Change	☐ Addition
NAME					3	2 NAME						
STREET ADDRESS					3	3 STREET	ADDRESS	3				
CITY-ST-ZIP					3	4. CITY-	S1 - ZIP					
TITLE				☐ DELETE	4	1 TITLE					Change	Addition
NAME					4	2 NAME						
STREET ADDRESS					4	3 STHLET	ADDRESS	3				
CITY-ST-ZIP					4	4 CHY- S	31 - 7IP					<b></b>
TITLE				DELETE	5	1 TITLE					Change	Addition
NAME					5.	2 NAME			•			
STREET ADDRESS					5.	3 STREET	ADDRESS	3				
CITY-\$1-ZIP						4 CITY - S	ST-ZIP				<u> </u>	gaaw.
TITLE				DELETE	: 6.	1 TITLE				ليا	Change	
NAME					E	2 NAME		-				
STREET ADDRESS					G.	3 STREET	ADDRES	3				
CITY-ST-ZIP	<u></u>			note the second		4 CHY-S		1	in Section 119 07/3/(i) Florida Statute	a I further co-	life that	the

reconstruction 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 eath; 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 Flock 13 if changed, or on an attachment with an address.