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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996 P94000061532 (5) **DOCUMENT #** 1. Corporation Name

PETE BROWN'S LAWN SERVICE INC.

Principal Place of Business 1821 NW 7 TERR Mailing Address

1821 NW 7 TERR POMPANO BEACH FL 33060



POMPANO B	EACH FL 33060	FOMPAIN DESCRIPTION	******			t						-,
						3. [	Date Incorporated or 08/22/1994	Qualified	3a. Date o 04	1/18/1	995	
2. Principal Plac	o of Rueiness	2a. Mailing Address				4. F	El Number				Applied For	4
2. Principal Plac	e di Busiliess	26				1	65-0520180	)			Not Applicable	4
21	210	Suite, Apt. #, etc.					Certificate of Status I	Desired			5 Additional	
Suite, Apt. #,	eic.	27				5.	Oertinoare of Grange I		<u> </u>		Required	4
City & State		City & State				1	Election Campaign F	_			00 May Be	
		28					Trust Fund Contribut				ed to Fees	4
23	Country	Zip	Cou	ntry			This corporation has	liability for in	tangible tax	under	s 199.032,	١
Zip	25	29	30				Florida Statutes	Yes Yes				4
24	9. Name and Address of Curren		LL	Γ		10.	Name and Address	s of New Re	gistered A	gent_		4
	9, Name and Address of Control			81	Name				1			١
				ا ا		40.4	O. Day Number is No	nt Accentabl	e)			┪
	I, CLEVELAND SR.			82	2 Street Address (P.O. Box Number is Not Acceptable)							
	w 7 Terr No Beach Fl 33060			83								
				1 1	·City				FL	-	Zip Code	
	the provisions of Sections 607.0502		<u> </u>		named corpor	etion s	ubmits this statemen	it for the pur	pose of char	nging it:	s registered offic	e ]
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 od agent, or both, in the State of Flori n, and accept the obligations of, Sec	2 and 607.1508, Florida Statutes da. Such change was authorized ion 607.0505, Florida Statutes.	s, the abo d by the	corp	oration's boar	rd of di	rectors. I hereby acc	ept the appx	bintment as r	egister	ed agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agen	and title If applicable (NOT	E: Registere	d Age	nt signature require	d when re	ainstating)		DATE			
OFFICEDS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.			11	TITLE		<u> </u>			] Chang	e 🔲 Addition		
NAME	BROWN, CLEVELAND SR.		1.21	AME								
	1821 NW 7 TERR		1.3 5	STREE	T ADDRESS							
STREET ADDRESS	POMPANO BEACH FL 330	60	1.4	CITY-:	ST-ZIP				<del>-</del>		F7 Addition	_
CITY-ST-ZIP	1 0 111 1410 10 10 10 11 1			717. C					[	") Chang	ge 🔲 Addition	

SIGNATURE _	Ignature, typed or printed name of registered agent and title If applica-	able (NOTE: Re	gistered Agent signature required	when reinstating) DATE
	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	DELETE	1 1 TITLE	Change Addition
	BROWN, CLEVELAND SR.		1.2 NAME	
NAME	1821 NW 7 TERR		1.3 STREET ADDRESS	
STREET ADDRESS	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	STD	DELETE	2 1 TITLE	Change Addition
TITLE	BROWN, MARY		2 2 NAME	
NAME	1821 NW 7 TERR		2.3 STREET ADDRESS	
STREET ADDRESS	POMPANO BEACH FL 33060		24 CITY-ST-ZIP	
CITY-ST-ZIP	I OIIII AITO DESTOTT LE GOUVE	DELETE	3. 1 TITLE	Change Addition
TITLE			3 2 NAME	
NAME			33 STREET ADDRESS	
STREET ADDRESS			3 4 CITY - S1 - ZIP	
CITY - ST - ZIP		DELETE	4, 1 TITLE	Chunge Addition
TITLE			4.2 NAME	
NAME			4.3 STREET ADDRESS	•
STREET ADDRESS			4.4 CITY - ST - ZIP	
CITY-ST-ZIP		DELETE	5 1 TITLE	☐ Change ☐ Addition
TITLE		_	5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY - ST - ZIP	
CI1Y-S1-ZIP		DELETE	6. 1 TITLE	Cf ange Addition
TITLE		L	6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			CACITY CT. 7IP	
CITY-ST-ZIP			of an all states make purplify t	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

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 cath; that I am an officer or director of the corporation or the receivor 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.

SACIEVE I AND BROWN SR