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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000061905 (3)

1. Corporation Name
I. C. I. LAWN CARE, INC.

Principal Place of Business

Mailing Address

1803 SUCCESS RD.
STE. 301
AUBURDALE FL 33823

1803 SUCCESS RD.
STE. 301
AUBURDALE FL 33823-3950



3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

12/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEILS, STEPHEN E
2408 SUMMER HOLLOW DR.
AUBURDALE FL 33823

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SHEILS, STEPHEN A SR	
STREET ADDRESS	2408 SUMMER HOLLOW DR.	
CITY - ST - ZIP	AUBURDALE FL 33823	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEILS, STEPHEN E	
STREET ADDRESS	2408 SUMER HOLLOW DR.	
CITY - ST - ZIP	AUBURDALE FL 33823	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHEILS, VIRGINIA F	
STREET ADDRESS	2408 SUMMER HOLLOW DR.	
CITY - ST - ZIP	AUBURDALE FL 33823	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEILS, JOSEPH ALLEN SR.	
1.3 STREET ADDRESS	2408 SUMMER HOLLOW DR.	
1.4 CITY - ST - ZIP	AUBURDALE, FL 33823	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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, unchanged, or, if changed, attached with an address.

SIGNATURE:

Virginia Fay Sheils
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/97 941-967-5388

Date

Daytime Phone # 0010442

CR2E034 (9/96)