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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Norham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063696 (6)

1. Corporation Name

BLADE RUNNER LAWN SERVICE INC.

Principal Place of Business
**32511 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982**

Mailing Address
**32511 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1994** 3a. Date of Last Report

| | | | |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 24 | Zip | 29 | Country |
| 25 | Country | 30 | Country |

| | |
|---|--|
| 4. FEI Number 65-0517159 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**LEVIN, ALLEN J
3440 CONWAY BLVD.
SUITE 1-A
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------|
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY - ST - ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 11 TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 12 NAME | President / Director |
| 13 STREET ADDRESS | Andrew J. Post III |
| 14 CITY - ST - ZIP | 32511 Washington Loop Rd. Punta Gorda, FL 33982 |
| 21 TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 22 NAME | Secretary/Treasurer / Director |
| 23 STREET ADDRESS | Carol A. Post |
| 24 CITY - ST - ZIP | 32511 Washington Loop Rd. Punta Gorda, FL 33982 |
| 31 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(3)(4), 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: Carol A. Post Carol A. Post Date 4/17/95 Daytime Phone 639-9670