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

Mailing Address 6691 WESTVIEW DR

2a. Mailing Address

LAKE WORTH FL 33462-3953

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

6691 WESTVIEW DR LAKE WORTH FL 33462



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400068356 (2)

D & S LAWN AND MAINTENANCE, INC.

65-0561403 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Žιρ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAHRER, DONALD C. 6691 WESTVIEW DR. 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33462 83 City 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, typical or printed frame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. Change Addition Tille D □ DELETE 1.1 TITLE NAME MAHRER, DONALD C 1.2 NAME % 6691 WESTVIEW DR STHEET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33462 CITY-SI 14 CITY-ST-ZIP DELETE Change Addition THE F 2.1 TITLE MAHRER, SANDRA H NAME 2.2 NAME % 6691 WESTVIEW DR STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL 33462 2. 4 CITY-ST-ZIP CITY-ST ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAMI 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP 0:1Y - ST - 7# DELETE ☐ Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZiP CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-7IP DELETE Change Addition 6.1 TITLE TillLE NAME 62 NAME 6.3 STREET ADDRESS 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 of 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

**FILED** May 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

R2E034

561-968-4862

04/16/1996



3. Date Incorporated or Qualified

09/16/1994

4. FEI Number