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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUM . Corporation I	Name		9684 ((6)					
rinoi	CLASS LAWN CARE, INC	U ,				(148) 166 (188 (I al on da na bo hn i		H a i (8 11) 818) 188 1
hindinal Place o	of Business	Mailino	Address						
hindipal Place of Business		Ü	Mailing Address						
P.O. BOX 894 PALM HARBOR FL 34682			P.O. BOX 894 PALM HARBOR FL 34682						
						3. Date Incorporated or Qu	alified 3a.	Date of Last F	leport
				Committee of the second committee of the		09/16/1994		03/08/1	995
. Principal Plac	ce of Business	<u></u>	ling Address			4. FEI Number			Applied For
 Suite, Apt. #,	elc.	26 Suit	e. Apt. #, etc.			59-3272713			Not Applicable Additional
		27	-, , , ,			5. Certificate of Status Des	sired 🔲	•	Required
City & State		- F 1	& State			6. Election Campaign Finar	ncing		O May Be
] - Ζιρ	Gountry	[28] Zip		T	untry	Trust Fund Contribution			d to Fees
1	25	29		30	unity	This corporation has lab Florida Statutes	Sility for Intangit ☐ Yes ☐ N		199.032,
	9. Name and Address of Curre	k	d Agent			10. Name and Address of	New Registe	red Agent	
					B1 Name				
HODGES, PAUL S			82 Street Add		dress (P.O. Box Number is Not A	cceptable)			
	gasus ave. S				83				
CLEARY	VATER FL 34625 the provisions of Sections 607,050	02 and 607.150	08, Florida Statu	ites, the abo	84 City	oration submits this statement for	the purpose o	f changing its	p Code registered office
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oath; that Lam an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam an officer or director of the corporation or the receiver or trusted 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:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

784-8514

Daytime Phone i