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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000070182 (8)

B & S LAWN SERVICE, INC.

FILED May 12 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 2387 NW 123RD AVENUE 2387 NW 123RD AVENUE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-324 | | | | | ···· | | | | |
|---|--------------------------------------|-----------------------------|---------------------------------------|---------------|---------------------|--|---|------------------------|----------------|
| | | | | | | 3. Date Incorporated or Qualified 09/21/1994 | | ate of Last 01/1996 | Report |
| 2. Principal Place of Business 2a. Mailing Addres | | | | | | 4. FEI Number | | Applied For | |
| 26 | | | | | | 65-0530033 | | | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & Star | 0 | City & State | | | | 6. Election Campaign Financing | | | D May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zipi | Country | Zip Countr | | | / | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 | 29 | 30 | | | | | No | |
| 4 9 4 4 | g, Name and Address of Curr | ош пайзгасай ждацс | | 81 | Name | 10. Name and Address of New Re | Assessed Act | - April | |
| | RE, LINDA 7 NAV 1990D AVENIUE | | | Ĺ | | | | | · |
| 2387 NW 123RD AVENUE CORAL SPRINGS FL 33065 | | | | 62 | Street Ad | iress (P.O. Box Number is Not Acceptable) | | | |
| | THE OF INITIAL IE COURS | | | 83 | | | ···· | | |
| | | | | 84 | City | | | 85 Zig | Code |
| | | | · · · · · · · · · · · · · · · · · · · | | 1 | progration submits this statement for the p | <u>FL</u> | . | |
| agent La SIGNATURÉ | am familiar with, and accept the obl | ligations of, Section 607.0 | 505, Florida Sta | atute | 5. | ration's board of directors. I hereby accept quired when reinstaling) | DAYE | | |
| 12. | · | AND DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| 101cF | PD | □ DEL | | TITLE | | | | Change | Addition |
| NAME OXOGE LAGRICATION | HAIRE, BOBBY 2387 NW 123RD AVENUE | • | | NAME | T ADDDESS | | | | |
| STREET ADDRESS | CORAL SPRINGS FL 33065 | | | | T ADDRESS ST-ZIP | | | | |
| THE | VD | DEL | | TITLE | J1 211 | | | ☐ Change | Addition |
| NAME | HAIRE, ROBERT S | | 2.2 | NAME | | | | | |
| STREET ADDRESS | 2387 NW 123RD AVENUE | | 2.3 | STREET | FADDRESS | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | T net | | | ST-ZIP | | | 1 1 65-6 | 1 22:00 |
| TITLE ALSO | STD Haire, Linda | ∐ . D€t | 4 | TITLE NAME | ļ | | | Change | Addition |
| NAME STHELL ADDRESS | 2387 NW 123RD AVENUE | | | | T ADDRESS | | | | |
| Dity-St-7/P | CORAL SPRINGS FL 33085 | | i i | - | ST-ZIP | | | | |
| 1.1Lf | | DEt | | TITLE | | | *************************************** | Change | Addition |
| NAME | | | 4.2 | NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CHT-ST-ZIP | | ☐ DEI | | | ST-ZIP | | | Change | Addition |
| NAME | | L. Det | | TITLE Name | 1 | | | - cinniño | Fri vocitio |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY - ST - ZIP | | | | | ST-ZIP | | | | |
| TIT: F | | ☐ DEL | | TITLE | | | | ☐ Change | Addition |
| NAME | | | 621 | NAME | | | | | |
| STREET ADDRESS | | | 63 | STREET | T ADDRESS | | | | |
| CITY SE - 74P | 1 | | | 01717 6 | ST-7IP | | | | |

14. I do hereby certily 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 if Changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA B. HAIRE 4/28/97 954-755-529