

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000079460 (9)

1. Corporation Name

JACARANDA LAWN MAINTENANCE, INC.



Principal Place of Business

Mailing Address

3189 41 ST SW  
NAPLES FL 33999  
US

3189 41ST ST SW  
NAPLES FL 33999  
US

3. Date Incorporated or Qualified  
10/27/1994

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

65-0393228

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOSE, DAVID W  
795 25TH ST SW  
NAPLES FL 33964

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

*David W. Boose*

(If Other, Registered Agent signature required when reinstating)

8/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME BOOSE, DAVID W  
STREET ADDRESS 795 25TH ST SW  
CITY-ST-ZIP NAPLES FL 33964

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

DPT  
David W. Boose  
3189 41st. St. SW  
NAPLES FL 34116

☒ Change ☐ Addition

TITLE DS  
NAME BOOSE, TANYA R  
STREET ADDRESS 795 25TH ST SW  
CITY-ST-ZIP NAPLES FL 33964

☒ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

DV  
Brian Boose  
(Same as above)

☒ Change ☐ Addition

TITLE DV  
NAME BOOSE, BRIAN M  
STREET ADDRESS 795 25TH ST SW  
CITY-ST-ZIP NAPLES FL 33964

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Address after Oct. 1, 1996  
760 27th St. SW  
NAPLES FLA

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

DS  
MARY J. Cosimati  
3189 41st SW  
Naples FL 34116

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*David W. Boose* DAVID W. BOOSE

8/1/96

941 453-0762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Original Filing Fee

CR2E034 (3/96)