

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000079460 (9)**

1. Corporation Name
JACARANDA LAWN MAINTENANCE, INC.



Principal Place of Business 3189 41 ST SW NAPLES FL 33999 US	Mailing Address 3189 41ST ST SW NAPLES FL 34116-8307 US
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2. Principal Place of Business 21 760 27th St. SW Suite, Apt. #, etc.	2a. Mailing Address 26 760 27th Street S.W. Suite, Apt. #, etc.
22 City & State 23 Naples FL	27 City & State 28 Naples Florida
24 Zip 34117	25 Country USA
29 Zip 34117	30 Country USA

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 08/07/1996
4. FEI Number 65-0393228	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOOSE, DAVID W 795 25TH ST SW NAPLES FL 33984	
81 Name Boose, David W. & Mary Jeanne	82 Street Address (P.O. Box Number is Not Acceptable) 760 27th Street S.W.
83	84 City NAPLES
	85 Zip Code FL 34117

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: *David W. Boose* **DAVID W. BOOSE** DATE: **4/1/97**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
DPT BOOSE, DAVID W 3189 41ST STREET S.W. NAPLES FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
SD COSIMATI, MARY J 3189 41ST STREET S.W. NAPLES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
DV BOOSE, BRIAN M 795 25TH ST SW NAPLES FL 33984	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DPT Boose, David W 760 27th St. SW Naples FL 34117	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD VTD Boose, Mary J Cosimati 760 27th St. SW Naples FL 34117	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV Boose, Brian M. 760 27th St. SW Naples FL 34117	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *David W. Boose* **DAVID W. BOOSE** DATE: **4/1/97** (941) 352-3071

CR2E034 (9/96)