FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090326 (7)**

1. Corporation Name

NEW FLORIDA LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
1405 E. CROOKED LAKE DR. EUSTIS FL 32726	1405 E. CROOKED LAKE DR. EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1994**

3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: **59-3285458** ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip / 25 County	29 Zip / 30 County	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
TARA FINANCIAL SERVICES, INC. 489 W. MINNEHAHA AVE. CLERMONT FL 34711	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 Section 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President NAME: John D. Mahlkuch Jr STREET ADDRESS: 1405 EAST Crooked Lake Dr CITY-ST-ZIP: Eustis FL 32726	TITLE ☐ Change ☐ Addition
TITLE: Secretary NAME: John D. Mahlkuch Jr STREET ADDRESS: 1405 East Crooked Lake Dr CITY-ST-ZIP: Eustis FL 32726	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition

14. I/We 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)(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 with changes or additions reflected with an address.

SIGNATURE: John D. Mahlkuch
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date: Daytime Phone #

0040703 CP