

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092579 (9)

1. Corporation Name

GRASSHOPPER LAWN CARE SYSTEMS, INC.



Principal Place of Business

P.O. BOX 490711
FT. LAUDERDALE FL 33349-0711

Mailing Address

P.O. BOX 490711
FT. LAUDERDALE FL 33349-0711

3. Date Incorporated or Qualified
12/22/1994

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

APPLIED FOR 65-0581524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSCH, JAIRO
C/O BOSCH SERVICES
5440 N. SR 7, STE. #8
FT. LAUDERDALE FL 33319

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

RALICKI, RANDALL
2733 S. OAKLAND FOREST DR., BLDG 8, #101
OAKLAND PARK FL 33319

TITLE

D

NAME

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

RALICKI, PATRICIA M
2733 S. OAKLAND FOREST DR., BLDG 8, #101
OAKLAND PARK FL 33319

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randall A. Ralicki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-800-330-2403
4-25-96 (954) 484-3321
Date Daytime Phone

CR2E034 (12/95)