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PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002715 (7)

DEPENDABLE LAWN SERVICE, INC.

Principal Place of Business Mailing Address 835 SOUTH CAROLINA AVENUE 935 SOUTH CAROLINA AVENUE ROCKLEDGE FL 32955-2020 ROCKLEDGE FL 32955 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1995 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3299249 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 Crty & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 6. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUTLER. EUGENE L **935 SOUTH CAROLINA AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) **ROCKLEDGE FL 32955** 83 City RA 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. Lam farmar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Sign in as improve print of native of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. (96/6)DELETE Change 1.1 TITLE Title BUTLER, EUGENE 1.2 NAME NAME 935 SOUTH CAROLINA AVENUE 1.3 STREET ADDRESS STREE! ADDRESS **ROCKLEDGE FL 32955** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition Tilt: 21 TITLE NAME 2.2 NAME STEEFT ADDIRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY- ST- 716 DELETE Change Addition 1616 3.1 TITLE NAM: 32 NAME STHEET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY- ST ZIF DELETE 4.1 TITLE ☐ Change Addition 4, 2 NAME NAM: 4.3 STREET ADDRESS SEREET ADDRESS CITY-ST-ZF 4.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-\$1-70 54 CITY-ST-ZIP DELETE Change Addition TILL 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

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

FILED Apr 18 1997 8:00am Secretary of State



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