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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000004237 (0)**1. Corporation Name

FLORIDA MOWING AND LANDSCAPE SERVICE, INC.

4410 ST 31 PUNTA GORDA US	FL 33982	PO BOX 51-2115 PUNTA GORDA FL 33951-2115									
						3. Date Incorporated or Qualified 01/13/1995	3a. Dat 06/2!			eport	
2. Princ pal P	lace of Business	2a. Mailing Address			4. FEI Number			Ap	plied For		
21		26							t Applicable		
Suite Apt.	# Qtc.	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State 23	e	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζ ₁ ρ 29	Coun	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9, Name and Address of Curr					10. Name and Address of New Re					
WRIG	EHT, CINDY S		1	91	Name						
4410 SR 31 PUNTA GORDA FL 33982				32	Street Ac	ddress (P.O. Box Number is Not Acceptal	ole)				
	IN GONDA 1 C GOODE		1	83			 ,				
[[8	94	City		FL	85	Zip (Code	
ĺ	to the provisions of Sections 607 0s egistered agent, or both, in the Sta in familiar with, and accept the obl	502 and 607.1508, Florida Sta te of Florida. Such change wa igations of, Section 607.0505	ntutes, the abs as authorized Florida Statu	ove by tes	named corpo	orporation submits this statement for the pration's board of directors. I hereby acce		L I chang intme	ging it int as	s registered registered	
SIGNATURE	Scaleries type of on printed traine of registering	ago Land the if applicable (NOTE: Registered.	Age ^e	nt signature re	quired when reinstating)	DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI					
THEF	D	DELETE	1.1 T(T).	.E	T			C	ange	Addition	
NAME	WRIGHT, CINDY S		1.2 NAN	Æ	,						
SURFLU ALKIRESS	4410 SR 31		1.3 STR	EE1	ADDRESS						
CIN 51-76	PUNTA GORDA FL		1.4 CIT	*****	T-ZIP						
1:TLE				2.1 TITLE 2.2 NAME			!	☐ Ci	ange	Addition	
NAM:	D. O. DOV COMO. AUG.										
STASELLADORESS	P.U. BUX 8253 N/A CLEARWATER FL 34618		•	2.3 STREET ADDRESS 2 4 City - St - Zip						i	
City St 7.5	CLEANWAIEN LE 34018	DELETE	2 4 CiT 3 1 TiTL		IT-ZIP			Ci	2000	Addition	
			B		1			,,,,, (i)	anyc	LI ACCITION	
NAME BROKE LINESSEE			3.2 NAM		ADDRESS						
STREET ADDRESS			1		ADDRESS						
THE		DELETE	3.4. C(T 4.1 T)TL		11-ZIP			Cr	anne	Addition	
NAME			4. 2 NA		1						
STHEFT ACORESS			1		ADDRESS						
CITY-SE-ZIE			4.4 CIT								
MLE		DELETE	5.1 TITE		1.71			Cr	anoe	Addition	
NAME			5.2 NAM						•		
STREET ADDRESS					ADDRESS .						
CITY ST-ZP			54 CIT		1	2.70					
IRLF		DELETE	61 717		1-21			Ci	ange	☐ Addition	
NAME			6.2 NAN		}						
STREET ADDRESS					ADDRESS						
or need worder, and			0.3315	IL E. I	nouncoo						

14. Lido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information inclicates 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 prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name

FILED

Mar 31 1997 8:00am

Secretary of State