

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 # P95000011810 (5)

1. Corporation Name

GREENACRES LAWN MANAGEMENT, INC.



Principal Place of Business

Mailing Address

~~3343 SE WASHINGTON ST~~
~~STUART FL 34997~~
~~XXXXXXXXXX~~

~~3343 SE WASHINGTON ST~~
~~STUART FL 34997~~
~~XXXXXXXXXX~~

5729 SE KATHERINE ST.
STUART, FL. 34997

P.O. BOX 939
HOBE SOUND, FL. 33475

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

RICK, SEAN W

~~3343 SE WASHINGTON ST~~
~~STUART FL 34997~~
~~XXXXXXXXXX~~

5729 SE KATHERINE ST.
STUART, FL. 34997

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 Sections 607.0502 and 607.1506, 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 of Registered Agent or Registered Office (if applicable)

Signature of Registered Agent or Registered Office (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	RICK, SEAN W	5729 SE KATHERINE ST	STUART FL 34997	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
				☐
				☐
				☐
				☐
				☐
				☐
				☐

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 registered agent or have been 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 my address.

SIGNATURE: SEAN W. RICK, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

(407)221-3894

Date

Daytime Phone

CR2E034 (12/95)