

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

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1997 AUG 14 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA5000014581**

1. Corporation Name

SAM'S LAWN CARE AND PRESSURE CLEANING SERV.
5864 ALBERT RD, W.P. BEACH, FL 33415

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address 5864 ALBERT RD		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	WEST PALM BEACH, FL 33415	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

P. S. FAGU
5864 ALBERT RD
WEST PALM BEACH, FLORIDA
33415

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 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

P. S. FAGU
PRITHIPAL S. FAGU

7/14/97

Date:

561-434-1511

Daytime Phone #

CR2E034 (9/96)

②

5864 ALBERT RD
WEST PALM BEACH
FLORIDA 33415
7/11/97

DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL. 32314

SIR/MADAM,

I WOULD LIKE TO
INFORM YOU THAT I DIDN'T RECEIVE ANY DOCUMENT
TO SEND MY REGISTRATION FEE I HAD TO REQUEST
ONE FROM YOUR OFFICE, THEREFORE, I AM KINDLY
ASKING FOR THE LATE FEE BE WAIVED.

ALSO, I WORK FULL TIME AS A SECURITY
OFFICER AND ONLY DO LAWN CARE ON A PART-TIME
BASIS. I ALSO DO THIS ALONE AND DO NOT EMPLOY
ANYONE. I ALSO INCLUDE THIS IN MY PERSONAL
INCOME TAX.

THANKS.

YOURS TRULY,

~~Prithpal S. Faru~~
PRITHPAL S. FARU

P.S. CHEQUE #146 DATED 7/11/97 FOR \$165⁰⁰/₁₀₀ ENCLOSED.