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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000020458 (2)**

1. Corporation Name
COMPLETE LAWN CARE AND LANDSCAPE, INC.

Principal Place of Business	Mailing Address
8025 BAYMEADOWS CIRCLE EAST #1405 JACKSONVILLE FL 32256	8025 BAYMEADOWS CIRCLE EAST #1405 JACKSONVILLE FL 32256-7777

3. Date Incorporated or Qualified: 03/14/1995
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21: 10845 Phillips Hwy #6
22 Suite, Apt. #, etc.: #6
23 City & State: JACKSONVILLE, FL.
24 Zip: 32256
25 Country: USA

2a. Mailing Address
26: Same as place of business
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3313291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
FRIESE, GLEN
8025 BAYMEADOWS CIRCLE EAST #1405
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent
81 Name: GLEN FRIESE
82 Street Address (P.O. Box Number is Not Acceptable): ~~10225 GATE PARKWAY N #50~~
83: 10845 PHILLIPS HWY. #6
84 City: JACKSONVILLE FL 85 Zip Code: 32256

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: Glen E Friese GLEN E. FRIESE PRESIDENT
Signature, type/print 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	S ☐ DELETE	1.1 TITLE	S ☒ Change ☐ Addition
NAME	FRIESE, PEGGY	1.2 NAME	FRIESE PEGGY
STREET ADDRESS	8025 BAYMEADOWS CIR E 1405	1.3 STREET ADDRESS	ADDRESS ~~10225 GATE PARKWAY N. #50~~
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32256
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	10845 Phillips Hwy #6
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Glen E Friese Vice Pres. 3-31-97 904-260-9947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GLEN E. FRIESE