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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023849 (9)

A&K LAND, LAWNS AND HOME SERVICES, INC.

Principal Place of Business

**9116 HEADORESS DRIVE** 

Mailing Address

SILE HEADDDESS DOWN

## **FILED** May 05 1997 8:00am Secretary of State



KISSIMMEE FL	34746	KISSIMMEE FL 34746-4678					
					3. Date Incorporated or Qualified 03/23/1995	3a. Date of Last	Report
$\neg \land \cdot \land$	lace of Business THS.HIAWASSEE (C)	2a. Mailing Address	1-1	^	4. FEI Number	<b>├</b> -†	Applied For
21 245 Suite, Apt.		Suite, Apt #, etc.	111	<u> </u>	59-3308030	- ¢9.75	Not Applicable Additional
22		27			5. Certificate of Status Desired	7	Required
City & State  23 ORLANDO - PLORIDA 28					6. Election Campaign Financing \$5.00 May Be		
23 ORLAI	JOO- MUNICIPAL COUNTRY	7 <sub>IP</sub>	Quantr		Trust Fund Contribution		d to Fees
a 338	35 25 V-S-A.	29 31		,	8. This corporation has liability for in Florida Statutes	tangible tax under Yes ☐ No	s. 199.032,
	9. Name and Address of Current				10. Name and Address of New Reg		
	LIMAN, KEITH		81	Namo			
9116 HEADDRESS DRIVE KISSIMMEE FL 34746			82	82 Street Address (P.O. Box Number is Not Acceptable)			
NOC	NMMEE PL 34740		83				
						1-1-2	
			84	City		FL 85 Zip	o 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, typed or printed name of registered agent	and tille if applicable (NOTE: f		ant signal.ire rec	guired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		C
TITLE NAME	HOLLIMAN, KEITH	☐ DELETE	1.1 TITLE 1.2 NAME			Change	e 🔲 Addition
STREET ADDRESS	3116 HEADDRESS DRIVE			ADDRESS			}
CITY-ST-ZIP	KISSIMMEE FL 34746		1.5 STILL	1			[5
TITLE	D	DELETE	21 1HLE			☐ Change	Addition
NAME	HOLLIMAN, AUDREY		2.2 NAME				
STREET ADDRESS	3116 HEADDRESS DRIVE KISSIMMEE FL 34746		2.3 STREE				ļ
CITY-ST-ZIP TITLE	13100mmee 1 E 041 40	DELETE	2. 4 City - 3.1 Title	SI-ZIP		Change	: Addition
NAME			3.2 NAME	Ì			223
STREET ADDRESS			3.3 STHEE	ADDRESS			
CITY-ST-ZIP			3.4. Crty-	ST-ZIP			
TITLE		☐ DELETE	4 1 1171.6			∟ Change	: L_J Addition
NAME Street address			4, 2 NAME	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				,
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREF	ADDRESS			
CITY-ST-ZIP		Trest	54 CITY-5	ST-ZIP		T 04	Address.
TITLE		☐ DELETE	61 TITLE			☐ Change	: L_ Addition
NAME Street address			6.2 NAME 6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 DITY-5				
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Information indicated on this annual report or supplied with rins iting does not quality 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 path; 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.