

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000024380 (4)

1. Corporation Name

KEVIN'S LAWN CARE, INC.



Principal Place of Business

Mailing Address

5201 N. ROME AVENUE  
TAMPA FL 33610

5201 N. ROME AVENUE  
TAMPA FL 33610

3. Date Incorporated or Qualified  
03/24/1995

3a. Date of Last Report  
3-24-95

2. Principal Place of Business

2a. Mailing Address

21 17411 Estes Rd  
Suite, Apt. #, etc.

26 17411 Estes Rd  
Suite, Apt. #, etc.

4. FEI Number  
593304389

Applied For  
Not Applicable

22 City & State

27 City & State

23 Lutz FL

28 Lutz FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip 33549 Country

29 Zip 33549 Country

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

10. Name and Address of New Registered Agent

GONZALEZ, BRIAN E  
1201 SWANN AVENUE  
TAMPA FL 33602

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD  
NAME ROGER, KEVIN  
STREET ADDRESS 5201 N. ROME AVENUE  
CITY - ST - ZIP TAMPA FL 33610

TITLE STD  
NAME ROGER, YVETTE  
STREET ADDRESS 5201 N. ROME AVENUE  
CITY - ST - ZIP TAMPA FL 33610

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

17411 Estes Rd  
Lutz FL 33549

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

17411 Estes Rd  
Lutz FL 33549

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Yvette Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

9324943

CR2E034 (3/96)