FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000024545 (2)

LAWNS	BY LES, INC.					11
Principal Place	of Business	Mailing Address			1 00018001 Neb 10104 BINI 00111 BONI 00111 BONI 00110 11011 BIERI 08111 07004 BINI 1	All
28151 LINDENHURST DR WESLEY CHAPEL FL 33544		28151 LINDENHURST DR WESLEY CHAPEL FL 33544				
					3. Date incorporated or Qualified 3a. Date of Last Report 03/27/1995	
2. Principal Place of Business		2a. Mailing Address 26			4. FFI Number Applied Fo. 59 - 331 3787 Not Applie	
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition. Fee Required	al
City & State		City & State	·		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	,
Zip 24	Country 25	Z)p 29	Country 30		B. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name and Address of Curren	it Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	
WOLFE,	I EQUE I				(D.O. Day Manufactic Met Accorde Met	
	ndenhurst dr		82 Street Add		ess (P.O. Box Number is Not Acceptable)	
	CHAPEL FL 33544		83			
			84	City	FL 85 Zip Code	
or registere familiar with SIGNATURE _	one provisions or Sections but Jobus dalgent, or both, in the State of Floris h, and accept the obligations of, Sect Sgrature speed or profess name of eighteen oper	da Such change was authorize: ion 607.0505, Florida Statutes.	d by the corp	named corpor poration's boar	ation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. La	.m
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 ' TITLE		Change Addi	tion
NAME	WOLFE, LESLIE L		1.2 NAME			
STREET ADDRESS	28151 LINDENHURST DR			ADDRESS		
CITY - ST - ZIP	WESLEY CHAPEL FL 33544	☐ DELETE	14 CITY - S 2 1 TITLE	51 - 218	Change Addi	tion
NAME		- December	2 2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 City - 3	ST ZIP		
TITLE		☐ DELE1E	3 1 TITLE		Change Change	tion
NAME			3.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		. □ DELETE	3 4 Cify - :	ST - ZIP	☐ Change ☐ Addi	tion
TITLE NAME		[] bttt it	4 1 MILE 4 2 NAME		C-range Addi	HOI
STREET ADDRESS				I ADORESS		
CITY-ST-ZIP			4.4 CITY - :	1		
TITLE		□ DELETE	5 1 TIFLE		Change Addi	tion
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	F ADDRESS		
CITY-ST-ZIP		F3 pc r1c	5.4 C·TY - :	S1 - ZIF	[7] Chargo	tion
TITLE		☐ DELETE	6 t Tife!		Change Add	μŲΠ
NAME CARCEA ADDRESS			62 NAME	1 ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.4 CITY -			
14. I do hereby certify that oath; that	the information indicated or this anni	ual report or supplemental annu- pration of the receiver or trustee on an attachment with an addre	shed and doo lal report is tr empowered ess.	es not qualify for ue and accura to execute this	or the exemption stated in Section 119.07(3)(k). Florida Statutes. I furth ste and that my signature shall have the same legal effect as if made units report as required by Chapter 607, Florida Statutes; and that my nan	ider
SIGNAT	URE: SIGNATURE AND TYPE OF	R PRINTED NAME OF SIGNING OFFICE	> / / C	c. 00	10/fe 3-9-96 (8B) 973 4	118