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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Secretary of \$tate DIVISION OF CORPORATIONS

DOCUMENT # P95000024693 (0)

QUALITY MOWING AND LANDSCAPE MAINTENANCE, INC.

Principal Place of Business Mailing Address

FILED May 19 1997 8:00am Secretary of State



230 EAST BAH WINTER SPRIN	ama road G8 FL 32708-3504		30 East Bahama Roa Vinter Springs FL 32		D4					
							3. Date Incorporated or Qualified 03/28/1995	1	ate of Last /05/1996	•
	ace of Business	2a.	. Mailing Address	-			4. FEI Number			Applied For
21		26			- 		59-3314501			Vot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		:		5. Certificate of Status Desired			Additional Required
City & State			City & State		•		6. Election Campaign Financing		\$5.00	D May Be
23		28			1=		Trust Fund Contribution		Addec	to Fees
Zlp	Country	ļ.,	Z ip	ļ,	Country	У	8. This corporation has liability for i			s. 199.032,
24	26 9. Name and Address of Cur	29		30	·			Yes [
					81	Name	10. Name and Address of New Re	jisterea /	Agent	
	iporation information s I hays street	ERVICES,	, INC.		82		ddress (P.O. Box Number is Not Acceptab	ole)		
TAL	LAHASSEE FL 32301				83					<u></u>
					84	City	,	FI	85 Zip	Code
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.0 ogistered agent, or both, in the St in familiar with, and accept the ob	0502 and 6 ate of Florid oligations o	607.1508, Florida Statu ida. Such change was of, Section 607.0505, Fl	ites, tl autho lorida	ne abov prized b Statute		orporation submits this statement for the p oration's board of directors. I hereby accep		Changing ointment a	its registered is registered
SIGNATURE	Signature, typod or printed name of registered	agent and tille	e il applicable. (NO	1E Rec	istered Ag	jont signature ro	quired when reinslating)	DATE		
12.	OFFICERS A	AND DIREC			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	
TITLE	DPT		DELETE		1.1 TITLE				☐ Change	☐ Addition
NAME	MCFADDEN, GARY P				.2 NAME					
STREET ADDRESS	230 EAST BAHAMA ROAD			1	.3 STREE	T ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL 3270	8-3504			J.4 CITY-	ST-ZIP				
TITLE	6		☐ DELETE		2.1 TITLE				Change	Addition
NAME	MCFADDEN, KAREN E				2.2 NAME					
STREET ADDRESS	230 EAST BAHAMA ROAD			- 1	2.3 STREE	T ADDRESS	ϵ_{i}	5 € 5		
CITY-ST-ZIP	WINTER SPRINGS FL 3270	8-3504			2. 4 CITY-	-ST-ZIP				
TITLE	•		☐ DELETE		\$.1 TITLE				L Change	Addition
NAME	i .				3.2 NAME					
STREET ADDRESS					\$.3 STREE	T ADDRESS				
CITY-\$T-ZIP					8.4. CITY	-ST-ZIP				
TITLE	:		☐ DELETE	ı	\$.1 TITLE				L Change	Addition
NAME	**			l	1. 2 NAME	Ī				
STREET ADDRESS					4.3 STREE	T ADDRESS				
CITY-ST-ZIP					4.4 CITY-	ST-ZiP				_ _
TITLE			☐ DELETE		\$ 1 TATLE					Addition
NAME					5.2 NAME					
STREET ADDRESS					\$.3 STREE	T ADDRESS				
CITY-ST-ZiP					5.4 CITY-	ST-ZIP				
TITLE			DELETE	1	6.1 TITLE				Change	Addition
NAME 14	4.1				₿2 NAME					
STREET ADDRESS	TENNET FOR THE STATE OF THE STA			- 1	6.3 STREE	1 ADDRESS				
CITY-ST-ZIP	The state of the s				B.4 CITY-	ST-ZIP				
	v certify that the information supr	olied with th	his filing does not qual	lify for			ited in Section 119 07(3)(i). Florida Statute	s. Lifurthe	r certify the	at 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.