

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027637 (4)

1. Corporation Name

ETERNAL LAWN & LANDSCAPING, INC.



Principal Place of Business

Mailing Address

~~9351 NILE DRIVE~~
NEW PORT RICHEY FL 34655

~~9351 NILE DRIVE~~
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9351 NILE DR

26 9351 NILE DR

4. FEI Number

59-3304540

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, DAVID

~~9351 NILE DRIVE~~
NEW PORT RICHEY FL 34655

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9351 NILE DRIVE

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 of Registered Agent or Secretary of Corporation)

(If filer is Registered Agent, signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.5 TITLE
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12.6 TITLE
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12.18 TITLE
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STREET ADDRESS
CITY, ST, ZIP
12.19 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.20 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☒ Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
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13.29 TITLE
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13.93 TITLE
13.94 NAME
13.95 STREET ADDRESS
13.96 CITY, ST, ZIP
13.97 TITLE
13.98 NAME
13.99 STREET ADDRESS
13.100 CITY, ST, ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

Date

Daytime Phone #

CR2E034 (12/95)