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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000032832 (4)

1. Corporation Name

HOBBS & MILLER LAWN SERVICE, INC.

Principal Place of Business

825 HORSESHOE BAY DRIVE
1801 NORA TYSON RD
ST. CLOUD FL 34771
US

Mailing Address

825 HORSESHOE BAY DRIVE
1801 NORA TYSON RD
ST. CLOUD FL 34771-6679
US

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1801 Nora Tyson Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 1801 Nora Tyson Rd
Suite, Apt. #, etc.

4. FEI Number
59-3310416

Applied For
Not Applicable

22 City & State

23 St. Cloud, FL
Zip Country

27 City & State

28 St. Cloud, FL
Zip Country

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

9. Name and Address of Current Registered Agent

HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME HOBBS, GREGORY
STREET ADDRESS 825 HORSESHOE BAY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE PD ☐ DELETE
NAME MILLER, ROGER D
STREET ADDRESS 825 HORSESHOE BAY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ST ☐ DELETE
NAME MILLER, ANN
STREET ADDRESS 825 HORSESHOE BAY DRIVE
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PDV ☒ Change ☐ Addition
2.2 NAME Miller, Roger D.
2.3 STREET ADDRESS 1801 Nora Tyson Rd
2.4 CITY-ST-ZIP St. Cloud, FL 34771

3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME Miller, Ann M.
3.3 STREET ADDRESS 1801 Nora Tyson Rd
3.4 CITY-ST-ZIP St. Cloud, FL 34771

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify 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 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: *Ann M. Miller* **ANN M. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

407 (344-5099)

Daytime Phone

CR2E034 (9/96)