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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # P9500035300 (9)  1. Corporation Name  SOUTHERN LAWN CARE & MAINTENANCE, INC.				
Principal Place of Business Mailing Address			I TA DELISON LIND EDITOR DIVINE D'OLYT ERMIN D'O	inn ochco kriot birbo tilli \$600 650 1881
8015 S. 78TH STREET 8015 S. 78TH STREET RIVERVIEW FL 33569 RIVERVIEW FL 33569				
9. Discound Plans of O			05/01/1995	3a. Date of Last Report
Principal Place of Business     1	2a. Mailing Address 26		1. FEI Number 59-3310223	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	Zip	Country	B. This corporation has liability for inta	Added to Fees
24 25	29	30	Florida Statutes	_ No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	stered Agent
DIECNED DOWN D		81 Name		
RUFFNER, BRIAN D 8015 S. 78TH STREET		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
RIVERVIEW FL 33569		83		-
		84 City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Sec</li> </ol>			ation submits this statement for the purpord of directors. I hereby accept the appoint	
SIGNATURE				
Signature, typed or printed name of registered age  12. OFFICERS At	nt and title if applicable (N ND DIRECTORS	KITE: Registered Agent signature required  13.		DATE
TIFLE P+Dir	☐ DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICE	
NAME STREET ADDRESS CHY-ST-ZIP  Brian D. Ruffne 8016 5. 78th St. R: Verview, FL 3:	er.	1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS 9016 S. 78th St.		1.3 STHEET ADDRESS		
CHY-ST-ZIP RIVERULEW, FL 3	3569	1.4 CITY-ST-ZIP		
TIFLE	□ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2.4 CITY-ST-ZIP		
NAME		3. 1 TITLE 32 NAME		☐ Change ☐ Addition
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 City-St-ZiP		
TITLE	☐ DELETE	4. 1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-2IP		4.4 CITY - ST - ZIP		
TITLE NAME	DELETE	5 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TILE	DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Chaons ED Addition
NAME	had area.	6.2 NAME		Change Addition
STREE I ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-7IP		
14. I do hereby certify that the information supplied	with this filing is voluntarily furr	nished and does not qualify for	r the exemption stated in Section 119.07/3	3)(k) Florida Statutes I further

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furnier certify that the information indicated on this annual report or suppliemental 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:

4-24-96 (813)677-9402