FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000035735 (6)**

1. Corporation Name

SPARKY'S LAWN SERVICE, INC.

Principal Place of Business

4 CEDAR COURT
OCALA FL 34472

Mailing Address

4 CEDAR COURT
OCALA FL 34472

3. Date Incorporated or Qualified: **05/01/1995**

3a. Date of Last Report:

4. FEI Number: 59-3323016 ☐ 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

2. Principal Place of Business

21 ~~Same~~ Marion County
22 Street, Apt. #, etc.: 9224 SE 110th St Rd
23 City & State: Belleview FL
24 Zip: 34420 25 Country: Marion

2a. Mailing Address

26 9224 SE 110 St. Rd.
27 Street, Apt. #, etc.:
28 City & State: Belleview FL.
29 Zip: 34420 30 Country: Marion

9. Name and Address of Current Registered Agent

HOLLENBECK, MARK
4 CEDAR COURT
OCALA FL 34472

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 607.0505 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HOLLENBECK, MARK		2 NAME	
STREET ADDRESS	4 CEDAR COURT		3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	GARGAN, MARY		6 NAME	
STREET ADDRESS	4 CEDAR COURT		7 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472		8 CITY-ST-ZIP	
TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

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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)(i), Florida Statutes. I further certify that the information indicated on this 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: Mary Gargan 3/12/96 904 687-3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)