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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037897 (2)

SUMMER BREEZE LAWN CARE, INC.

Principal Place of Business

Mailing Address

1790 W DEDNIT STREET

## **FILED** Apr 29 1997 8:00am Secretary of State



TAMPA FL 33812				TAMPA FL 33612-7617								
								3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1996			eport	
2. Principal Place of Business				2s. Mailing Address				4. FEI Number	Ar	Applied For		
21			26	26				59-3316218			Not Applicable	
Suita Ant # atc				Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75		
22 Oh. 6 Coh.			27							Fee Re		
City & State			ļ <sub>1</sub>	City & State				6. Election Campaign Financing				
23		Country	28	Zip		Country		Trust Fund Contribution				
Zip 24	25			2.167	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes 🛣 No				
24		Address of Cu	rrent Regi	stered Agent	30]	L		10. Name and Address of New Re				
RICH	IAROSON, BRI	<del></del>				81	Name		<del></del>			
1738 W. PERDIZ STREET						82	Stroot A	ddress (P.O. Box Number is Not Acceptal				
TAMPA FL 33612						02	SHEELAL	diress (P.O. Box Number is Not Acceptain	леу			
						83						
						84	City			<b>85</b> Zip	Code	
							",		FL	- I '		
11. Pursuant office or r agent. I a	to the provisions egistered agent, m familiar with, a	of Sections 607, or both, in the S and accept the of	.0502 and ( tate of Flor bligations o	507.1508, Florid ida Such chanc of, Section 607.0	a Statutes, t je was authi 1505, Florida	the abov orized by a Statute	e-named o y the corpo s.	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of o pt the appo	hanging if ntment as	is registered registered	
SIGNATURE								d and the second	DATE			
12.	Signature typed or pr	onted name of registers OFFICERS			(NOIT HE	13.	erit signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PVP	011102110	71110 271112	DEI	ETE	1 I TITLE	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	RICHARDSOI	N. BRIAN				1.2 NAME	i					
STREET ADDRESS	1738 W. PER					13STREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 3					14 CHY-5	ST-ZIP					
TITLE	ST			DEL	£TE	2 1 TITLE				Change	Addition	
NAME	RICHARDSOI	n, virginia				2 2 NAME						
STREET ADDRESS	1738 W. PEF	IDIZ ST.				23 STREE	I ADDRESS					
CITY-ST-ZIP	TAMPA FL 3	3612				2 4 CHY-	S1-ZIP					
TITLE				☐ DEL	ÉTE	3 1 TITLE	1		L	Change	Addition	
NAME						3.2 NAME						
STREET ADDRESS						3 3 STREE	I ADDRESS					
CITY-ST-ZIP						3.4. CITY+	S1-ZIP			7	F 2 100	
TITLE				☐ DE	.ETE	4110LE			L	Change	Addition	
NAME					l l	4. 2 NAME						
STREET ADDRESS							I ADDRESS					
CITY-ST-ZIP				. Dri	FTF	4.4 CITY-1	ST-ZIF			Change	Addition	
TITLE				DE	. દ.∮ દ	5.1 TILE			Į.	vireniye		
NAME						5.2 NAME	LIBBOSSO					
STREET ADDRESS							I ADDRESS					
CITY-ST-ZiP	<del></del>			□ DEI	FTF	5.4 City -: 6 1 Title	SI - ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE				L 1/0		6.2 NAME			·			
NAME CENTER ADDRESS							I ADDRESS					
STREET ADDRESS												
CITY-ST-ZIP	L					6.4 CI1Y-	21-Xb,					

14. I do hereby certify that the information supplied with this filling 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.