

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

FILED  
Mar 19 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 # P95000038873 (2)

1. Corporation Name

ONE SHOT LAWN & DESIGN CORP.

Principal Place of Business

29101 FLORIDA RD.  
LEISURE CITY FL 33033

Mailing Address

29101 FLORIDA RD.  
LEISURE CITY FL 33033-2514



2. Principal Place of Business

21 620 RENNAISSANCE PT.

Suite, Apt. #, etc.

22 212

City & State

23 ALTAMONTE SPRINGS

Zip

32714

Country

USA

24

2a. Mailing Address

26 620 RENNAISSANCE PT.

Suite, Apt. #, etc.

27 212

City & State

28 ALTAMONTE SPRINGS

Zip

32714

Country

USA

29

30

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0621024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

RIVERA, RAYMOND R  
4396 ACLINE AVE.  
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name

RAYMOND R. RIVERA

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

620 RENNAISSANCE PT.

83 APT. 212

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP  
NAME RIVERA, RAYMOND R  
STREET ADDRESS 4396 ACLINE AVE.  
CITY-ST-ZIP NORTH PORT FL 34287

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 620 RENNAISSANCE PT. APT. 212  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
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

CR2E034 (9/96)