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FILED
Apr 03 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 # P95000046872 (4)

1. Corporation Name
NATIVE SON LAWN CARE, INC.



Principal Place of Business

2999 SE CYPRESS STREET
STUART FL 34997

Mailing Address

2999 SE CYPRESS STREET
STUART FL 34997-7813

2. Principal Place of Business

21 1670 SW Hackman Terr
Suite, Apt. #, etc.

22

City & State

23 Stuart FL

24 Zip 34997

Country

25 USA

2a. Mailing Address

26 1670 SW Hackman Terr
Suite, Apt. #, etc.

27

City & State

28 Stuart FL

29 Zip 34997

Country

30 USA

9. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 E OCEAN BLVD
SUITE 2-A
STUART FL 34998

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/14/1995

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

4. FEI Number

~~05-0470040~~ 65-0561791

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

10. Name and Address of New Registered Agent

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 PST
NAME STUART, CINDY L.
STREET ADDRESS 2999 SE CYPRESS STREET
CITY-ST-ZIP STUART FL 34997

☐ DELETE

TITLE V
NAME STUART, JAMES W.
STREET ADDRESS 2999 SE CYPRESS STREET
CITY-ST-ZIP STUART FL 34997

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME Stuart, Cindy L.
1.3 STREET ADDRESS 1670 SW Hackman Terr
1.4 CITY-ST-ZIP Stuart, FL 34997

☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME Stuart, James W.
2.3 STREET ADDRESS 1670 SW Hackman Terr
2.4 CITY-ST-ZIP Stuart FL 34997

☒ 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

☐ Change ☐ Addition

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: *Cindy L. Stuart* 3/31/97 561-7276

CR2E034 (9/96)