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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000058736 (6) DOCUMENT #

PRO LANDSCAPING & LAWN CARE INC.

Principal Place of Business

1770 MAYPORT ROAD BLDG #3

Mailing Address

2008 S. OCEAN DR. JACKSONVILLE BEACH FL 32250-6246

## **FILED** May 07 1997 8:00am Secretary of State



ATLANTIC BEACH FL 32233		WHO TO THE DENOTITE DESCRIPTION		J	
-				3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 08/15/1996
21 9411	ace of Business Latlantic Blvo	26. Mailing Address 26. 438 WW	er 8th ave	4. FEI Number 59-3325034	Applied For Not Applicable
Suffe, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	FLORIDA	City & State  28 JAX. BFAC	H. FLORI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3227	25 CUSA	Zip 29 32250 30	- · -	or this corporation has hability for t	
<u> </u>	9. Name and Address of Current		437	10. Name and Address of New Re	
	rris, robert s		81 Name	applies Parkert 5	
	08 S. OCEAN DR. CKSONVILLE BEACH FL 32250		82 Street 83 84 City	438 LOWER 8th ave	OE Zio Codo
				IAX · BEACH	FL   22250
11. Pursuant to office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligat	and 607.1508, Florida Statutes, If Florida: Such change was aut ions of, Section 607.0505, Florid	, the above-named horized by the corp da Statutes.	corporation submits this statement for the poration's board of directors. Thereby acceptions	urpose of changing its registered of the appointment as registered
SIGNATURE	ND Change Signature, typed or printed name of registrat agent	Just a chan and little if applicable (NO)) F	y <u>ún aolal</u> Mgistered Agent signaturo	luss required when reinstal-rigi	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	·
TITLE	HARRIS, ROBERT S	☐ DELETE	1 1 TITLE	On mark & Hallace	L_ Change L_ Addition
NAME ADDRESS	2008 SOUTH OCEAN DRIVE		1.2 NAME	Robert S. Halris 438 Lowers 8th ave.	South
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE BEACH FL 32	250	1 3 STREET ADDRESS 1 4 C TY - ST - ZIP	JACKSONVILLE, BEAUT,	=100104 3725D
TITLE		DELFTE	2.1 TITLE	SHOOMINITE BEAUT,	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - 7IP		
TITLE		☐ DELFTE	3.1 TITLE		L Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - 7IP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		change Rounton
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CHY - ST - ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5, CITY-ST ZIP		
		☐ DELETE	6 TITLE		☐ Change ☐ Addition
TITLE					
NAME			6 NAME		
1			6 NAME 6 STREET ADDRESS 1174-ST-71P		

I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address

execute this report as required by Chapter 607, Florida Statutes; and that my name

741248