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CORPORATION ANNUAL REPORT



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

1996

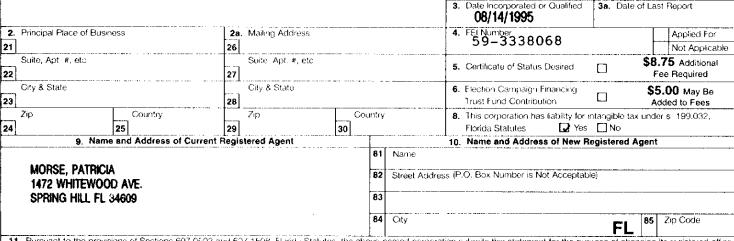
P95000062955 (6) **DOCUMENT #**

PAT'S LAWN SERVICE	ENTERPRISES,	INC.
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Principal Place of Business 1472 WHITEWOOD AVE. SPRING HILL FL 34609

Mailing Address

1472 WHITEWOOD AVE. SPRING HILL FL 34609



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SI	GNA	TURE

SIGNATURE	Signature hyperfor printed haline of registered agent and brief accesses (INDEE)	lagistere i Agert sejirat ne region	ict where represented, DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THTLE	PRESIDENT DELFTE	1 1 T-TLF	Criange Addition	
NAME	PATRICIA MORSE	1.2 NAME		
STREET ADDRESS	1472 WHITEWOOD AVE.	13 STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL, FL 34609	1.4 CHY S1 ZIP		
TITLE	TREASURER DELETE	2 1 T TLF	☐ Change ☐ Add-tion	
NAME	ROGER MORSE	2.2 NAME		
STREET ADDRESS	1472 WHITEWOOD AVE.	2.3 STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL, FL 34609	24 0 I I Y - ST - ZIP		
THTLE	DELETE	3 1 TITLE	Change Addition	
NAME		3.2 NAME		
STREFT ADDRESS		3.3 STREET ADOPESS		
CrTY-ST-ZiP		3.4 CITY - ST - ZIP		
THILE	☐ DELETE	4 1 TITLE	Change Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST. ZIP		
TETLE	☐ DELETE	5 1 Till.F	Change Addition	
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS .		
CITY - ST - ZIP		5.4 CHY+ST-ZIE		
TITLE	☐ DELETE	6 1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADOPESS		
CITY - ST - ZIP		6 4 C(1Y - S1 - ZIP		

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)(k). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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