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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000068232	(4)

GRASSHOPPER'S LAWN SERVICE OF CENTRAL FLORIDA, I NC.

Mailing Address Principal Place of Business #8 WOOD STREET #8 WOOD STREET OVIEDO FL 32765 OVIEDO FL 32765 3. Date incorporated or Qualified 3a. Date of Last Report 09/01/1995 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Ves No Country Country Zin 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SKIPPER, BRENDA K Street Address (P.O. Box Number is Not Acceptable) #8 WOOD STREET 83 **OVIEDO FL 32765** 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0592 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose or registered agent, or both, in the State of Princip. Such change was authorized by the corporation's board of directors. I hereby accept the appoint of familiar with and accept the obligations of Section 604.0505. Florida Statutes. of changing its registered office ent as registered agent. I am SIGNATURE the de Boursen LAgent saleut inchen ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Addition Change [] DELETE TITLE 1 1 T TEE SKIPPER, EUGENE M 1.2 NAME NAME #8 WOOD STREET 1.3 STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY - ST - ZIP 14 C:TY - ST - 7-P DELF TE Change Addition 2 1 1171.6 THILE SKIPPER, BRENDA K 2.2 NAME NAME #8 WOOD STREET 2.3 STREET ADDRESS STREET ADDRESS **OVIEDO FL 32765** 2.4 CHY+ST-ZIP CITY-ST-ZIP DELETE [] Change ■ Addition 3 1111.8 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CIFY - ST - ZIF CITY - ST - ZIP DELETE Change Addition 4.1 UH F TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZiE CITY-ST-ZIP Add tion ☐ Change DELETE: 5 1 TILE MUE 5.2 NAME NAME 5.3 STREET ADDRESS STREEF FADDRESS $5.4 \cdot C (T_{ij} + S_{ij} + Z) f^{ij}$ CHTY-ST-7IP DELETE Change Addition 6 1 THE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 arrived report is true and accurate and that my's gnature 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 Biggs 13 if changed, or an attacher by Juth an address.

6.4 OffY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

(12/ 72E034