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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000095136 (4)**

1. Corporation Name
WHITE'S LAWN & LANDSCAPING, INC.

Principal Place of Business
~~109 CROWN POINT CIR.~~
~~LONGWOOD FL 32779~~
"New Address"

Mailing Address
P.O. BOX 915791
LONGWOOD FL 32791-5791
US
same

2. Principal Place of Business
21 452 Meander Dr. S
Suite, Apt. #, etc.
22 Altamonte Springs Fl.
City & State
23
Zip 24 32714
Country 25 Seminole

2a. Mailing Address
26 P.O. Box 915791
Suite, Apt. #, etc.
27 Longwood Fl.
City & State
28 32791-5791
Zip 29
Country 30

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report: 03/07/1996
4. FEI Number: 59-3346386 — 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

9. Name and Address of Current Registered Agent
WHITE, KAREN
109 CROWN POINT CIR.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Karen L. White (Signature of registered agent, printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: DPST
NAME: WHITE, KAREN
STREET ADDRESS: 109 CROWN POINT CIR.
CITY-ST-ZIP: LONGWOOD FL 32779
New Address
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DPST
1.2 NAME: White Karen
1.3 STREET ADDRESS: 452 Meander Dr. South
1.4 CITY-ST-ZIP: Altamonte Springs Fl. 32714
☐ Change ☐ Addition

CR2E034 (9/96)

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: Karen L. White Karen L. White — 3-21-97 — 407-869-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061154