## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

İ	1996	DIVISION OF	CORPORATIONS		
DOCU	MENT # P950	00097929 (0)			
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CHARL	.es lawn service, inc	•		à (Bàiligh) the deals daire desse mans	Alli daith (bib) (bhin thin tigh chi) (see
Principal Place of Business		Mailing Address		I MANINTAL HID LAIDY DIVIN DENIN BININ	GOITH GOING TORKE TOGUE COINE THOSE COIN 1899
204 ESSEX DRIVE		204 ESSEX DRIVE			
FT. PIERCE I	FL 34946	FT. PIERCE FL 34946			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		12/22/1995 4. FET Number	J
21		26 P.O. BOX 163			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_/ <u> </u>	5-06/0863-	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
<b>23</b> Zip	Country	28 Ft. PIETLE	Florida	Trust Fund Contribution	Added to Fees
24	25	21p 29 3,3465	Country 30 ST. LUCIE	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, - DNo
	9. Name and Address of Cur	rent Registered Agent	30 31.20076	10. Name and Address of New F	
		7	B1 Name		
HADDEN	i, david		82 Street Add	POS (P.O. Box Number is Not Acceptate	No.
204 ESSEX DRIVE			20	4 Fisex Drue	яе)
FT. PIER	CE FL 34946		83		
•			84 City		<b>■ 85</b> Zip Code
11 Ovrement	to the second of	1 100 100 1	1 4	irt Pierce	
or register	ed agent, or both, in the State of F	our and 617,3608, Horida Statutes Igrida. Sychymange was authorize	s, the above named corpor d by the corporation's boar	ation submits this statement for the pured of directors. Thereby accept the app	pose of changing its registered office
	th, and accept the obligations of S		3 1 1/2 /de	2	10.01
SIGNATURE	Signature, typed or printed name of regulations as	gent and still if any incable (NC) II	Sid Hadde	N J = /	2-96
12.	7	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TIFLE	PVST	☐ DELETE	1 1 TITLE		Change Addition
NAME Profes Appearan	HADDEN, DAVID		1.2 NAME		
STREET ADDRESS	204 ESSEX DRIVE FT. PIERCE FL 34946		13 STREET ADDRESS		
CITY-S1-ZIP TITLE	D FILTERUE FL 34340		2.1 TILLE		
NAME	HADDEN, DAVID	£,j bettet	2 1 HILE 22 NAME		Change Addition
STREE! ADDRESS	204 ESSEX DRIVE		2.3 STREET ADDRESS		
C'TY-ST-ZIP	FT. PIERCE FL 34946		24 CFY-S1-ZP		
TITLE		☐ DELFTE	3 1 TiTLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-S1-ZIP			3.4.CHY+S1-ZIF		
TIPLE		DELF1E	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ACCURESS		
CITY-ST-ZIP TITLE	······································	[] DELETE	44 CHY+S1-ZIP 5 1 TITLE		Change C Address
NAME			5.2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY-S1-ZIP			5 4 City - \$1 - ZiP		
Trile	V. P.	☐ DELETE	6 1 TOLE	10000176	Addition Addition
NAME			6.2 NAME	10000176 -04/02/96010	07016
STREET ADDRESS			6.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			64 CITY - S7 - 7IP	<b></b>	

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 indicates on this annual report or supplemental annual report is true and assurate and that my signature shall have the same legal effect as if made under cath; that I am an office 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 13 if changed, given an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (407) 465-0993