

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

FILED
Jul 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000005764
1. Corporation Name

TOTAL LOT CARE, INC.

Principal Place of Business Mailing Address
1038 Miller Drive
Altamonte Springs, FL 32701

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt # etc	26 Suite Apt # etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 1/18/96	3a. Date of Last Report N/A
4. FCI Number 59-3369915	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. 199.03, Florida Statutes ☐ Yes ☐ No	

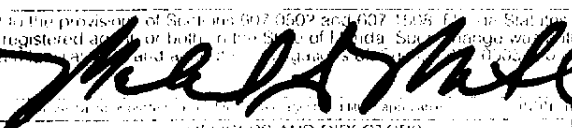
9. Name and Address of Current Registered Agent

N. Scott Novell
201 E. Pine Street
Suite 1200
Orlando, FL 32801

10. Name and Address of New Registered Agent

81 Name Michael Mather
82 Street Address (P.O. Box Number is Not Acceptable)
1038 Miller Drive
83
84 City Altamonte Springs FL 85 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent. I, the undersigned, being duly qualified by the corporation's board of directors, hereby accept the appointment of the new agent.

SIGNATURE  DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME	D/P/S/T	NAME	
STREET ADDRESS	Mather, Michael	STREET ADDRESS	
CITY, ST, ZIP	1038 Miller Drive	CITY, ST, ZIP	
TITLE	Altamonte Springs, FL 32701	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
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CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	

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***550.00

14. I, the undersigned, 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 contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of the registered agent or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the information is being filed for the purpose of filing an annual report with an agent.

SIGNATURE:



(407) 332-1441