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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012808 (7)

B & L LAWN MAINTENANCE, INC.

Principal Place of Business Mailing Address 10 BELLEMEADE CIRCLE 10 BELLEMEADE CIRCLE LARGO FL 34640 LARGO FL 33770-2234 3. Date incorporated or Qualified 3a. Date of Last Report 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59- 3366067 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No Zip Country Zip 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name HAISLEY, JERRY 10 BELLEMEADE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34640** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, Change Addition DELETE TILLE 1.1 TITLE HAISLEY, JERRY 1.2 NAME NAME 10 BELLEMEADE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 34640 CITY-ST-7/P 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 2. 4 CHY-ST-2IP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADORESS 3.4. CITY-ST-ZIP CI1Y - S1-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CHTY-ST-ZIP DELETE Change Addition TITLE 51 TITLE

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.

5.2 NAME

6 1 TITLE 6 2 NAME

DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

64 City-St-ZIP

5.4 CITY-ST-Z#P

SIGNATURE:

NAME

TITLE

NAME:

STREET ADDRESS

STREET ADDRESS

City-St-7#

CITY-ST-ZIP

AND THE OFFICE OF SUBSMITTED PREST 2-8-97 (813) 585 0881

CR2E034 (9/96)

Change

__ Addition

FILED

Feb 18 1997 8:00am

Secretary of State