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PROFIT CORPORATION ANNUAL REPORT

. 1997

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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Mar 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

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SMOKEY'S LAWN AND LANDSCAPE SERVICE. INC.

Mailing Address Principal Place of Business 311 EAST PROSPECT ROAD 311 EAST PROSPECT ROAD OAKLAND PARK FL 33334-1492 OAKLAND PARK FL 33334 3. Date Incorporated or Qualified Date of Last Report 03/21/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address pplied For Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 28 23 Country Z_{Φ} Country Zιρ 8. This corporation has liability for intangible tax under s. 199.032. 🗶 Yes 🗌 No Florida Statutes 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 CORPORATION SERVICE COMPANY 1201 HAYS STREET Address (P.Q. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 84 33334 33334 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. I am timiliar with land accept the obligations of Section 607.0505, Florida Statutes. DATE (NOTE: Registered Agent a gnature required when reinstating) OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DPST DELETE Change Addition 1.1 TITLE THILE DYER, JEFF 1.2 NAME NAME 311 EAST PROSPECT ROAD 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAM 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP City - S1 - 2iP DELETE Change Addition 31 TITLE THUE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition 4.1 TITLE TIBLE 4. 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP Chagge Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Prorida Statutes. I further certify that the information indicated by 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 torporation or the receiver of those empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ent with an address.

hanged, or d