## 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

POCUMENT # P96000026158 (1)

TOTAL HOME & LAWN CARE SERVICES, INC.

**FILED** May 08 1997 8:00am Secretary of State

| Principal Place of Business Mailing Ad                            |  |   | Address  |  |                      | a ingliadh sin ithin dùis adist dhill anil adish tinih alshi isan kirib idis shbi              |                          |  |  |
|---|--|---|--|--|----------------------|--|--------------------------|--|--|
| 13700 CHAUNY ROAD 13700 CHAUNY JACKSONVILLE FL 32224 JACKSONVILLE |  |   | MUNY ROAD<br>MILLE FL 32224-1218                                       |  |                      |  |                          |  |  |
|   |  |   |  |  |                      | 3. Date Incorporated or Qualified 03/13/1996   | 1 1                      | ete of Last Report                                   |  |
| 2. Principal Pr   | ace of Business  | 2a. Mailing Ad  | 28. Mailing Address  |  |                      | 4. FEI Number  |                          | Applied For  |  |
| 21  |  | 26  | 26   |  |                      | 59-3366575 Not Applicable  |                          |  |  |
| Suite Apt   | #, etc.  | Suite, Apt.   | Suite, Apt, #, etc.  |  |                      | 5. Certificate of Status Desired   |                          | \$8.75 Additional<br>Fee Required                    |  |
| City & State<br>23  | e .  | City & Stat   | City & State   |  |                      | Election Campaign Financing Trust Fund Contribution  |                          | \$5.00 May Be<br>Added to Fees                       |  |
| Ζ(p)<br><b>24</b>   | Country<br>25  | Zip 29  | 9 30   |  |                      | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No |                          |  |  |
| Name and Address of Current Registered Agent                      |  |   |  | 10. Name and Address of New Registered Agent |                      |  |                          |  |  |
| WHITE, JOHN T<br>13700 CHAUNY ROAD                                |  |   |  | 81   | Name                 |  |                          |  |  |
| JACKSONVILLE FL 32224   |  |   |  | 82 Street Addi                               |                      | ss (P.O. Box Number is Not Accept  | able)                    |  |  |
|   |  |   |  | 83   |                      |  |                          |  |  |
|   |  |   |  | 84   | City                 |  | FL                       | 85 Zip Code  |  |
| 11. Pursuant to<br>office or re<br>agent. La                      | to the provisions of Sections 607.0<br>egistered agent, or both, in the St<br>m familiar with, and accept the ob | 0502 and 607.1508, Fix<br>ate of Florida. Such ch<br>digations of, Section 60 | orida Statutes, the al<br>lange was authorize<br>07.0505, Florida Stat | bove<br>d by<br>lutes                        | named corporation    | ration submits this statement for the<br>on's board of directors. I hereby acc                 | purpose o<br>ept the app | f changing its registered<br>pointment as registered |  |
| SIGNATURE   | Segretaria typics or printed harne of registered   |   | ILONE D.   |  | <del></del>          |  |                          |  |  |
| 12.   |  |   | (NOTE: Registered  | a Ager                                       | nt signature require | W'   | DATE                     | DIRECTORS IN 19                                      |  |
| ₹Æ.   | OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |   |  |  |                      |  |                          | DIUECTONS IN 18                                      |  |

DELETE Addition VICE HESIDENT Change THE 1.1 TITLE John R. Hines 2650 Tide lane 1.2 NAME STHEET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 11"11 3.1 TOLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP City - \$1 - 7/2 DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CHY-ST-ZIE DELETE Change Addition HILF 5.1 TITLE 5.2 NAME STHEET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-2IP CHY-SI-ZIP DELETE Change Addition THUE 6.1 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CILY - S1 - ZIP 6.4 CITY-ST-ZIP

14. To 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 onth; that I am an officer or director of the corporation or the receiver or kustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE: