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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026158 (1)

TOTAL HOME & LAWN CARE SERVICES, INC.

Principal Place of Business Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



13700 CHAUNY ROAD JACKSONVILLE FL 32224		13700 CHAUNY ROAD JACKSONVILLE FL 32224				
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
<u> </u>				03/13/1996		
[]		2a. Mailing Address			plied For	
21 Cuito Ant	H	26			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		L. B. Certificate of Status Desired	Certificate of Status Desired	
City & State		City & State		6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to		
Zip	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current fear Inter-Personal Property Tax due June 30.	angible No	
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent		
	HITE, JOHN T		81 Name			
	700 CHAUNY ROAD CKSONVILLE FL 32224		62 Street	Address (P.O. Box Number is Not Acceptable)		
			63			
			84 City	FI 85 Zip C	ode	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Sta	tutes, the above-named	corporation submits this statement for the purpose of changing its	registered	
office or re agent. La	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change wa obligations of, Section 607,0505.	is authorized by the cor Florida Statutes	poration's board of directors. I hereby accept the appointment as r	egistered	
SIGNATURE	,					
	Signature, typed or printed name of register		NOTE: Registered Agent signature	e required when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3 IN 12	
TITLE	VP	DELETE	1.1 TITLE	: Change	Addition	
NAME	HINES, JOHN R.		1.2 NAME			
STREET ADDRESS	2650 TIDE LANE ATLANTIC BEACH FL		1.3 STREET ADDRESS		i	
CITY - ST - ZIP	ATLANTIC BEACH PL		1.4 CITY-ST-ZIP			
TITLE	•	DETELE	2.1 TITLE	JOHN 7. White, Pres. L. Change	Addition	
NAME			22 NAME	13700 Chauny Road		
STREET ADDRESS			2.3 STREET ADDRESS	John T. White, Pres. 1 Change 13700 Chauny Road JACKSONSINE, EL		
CHTY-ST-ZIP		C or ere	2.4 CITY-ST-ZIP	32234		
TITLE		☐ DELETE	3.1 TITLE	Change	☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		A delitie =	
NAME		□ vcctt		☐ Change	☐ Addition	
STREET ADDRESS			4.2 NAME		1	
CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change	Addition	
NAME			5.2 NAME	Crange		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE		DELETE	5 4 Crty-ST-ZIP 6 1 Title	Change	Addition	
NAME		- Marit	6.2 NAME	Li Change		
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ĺ	
0111-01-EII			0.4 UIT - 51 - ZIP			

1. I 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 trustate 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 on an attachment with an address.

SIGNATURE:

T. White

3-26-98

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