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 # P96000030854 (9)

SOUTHERN CLIPPER LAWN GROOMING, INC.

APPROVED ALID

1997 JUL 28 PN 1: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 47 FRONT ST P O BOX 1833 MARCO ISLAND FL 33937 MARCO ISLAND FL 34146-14								
MAHOO ISLAN	IU FL 33937	MARCO ISLAND	FL 34146-1833		3. Date Incorp	orated or Qualified	3a. Date of Las	t Report
2. Principal Place of Business28. Mailing Address2126			dress	s		92108	- 1	Applied For
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		Not Applicable 5 Additional
22 City & Sta	10	City & State	City & State			of Status Desired	Fee	Required
23	10	28	Only & Chaire			mpalgn Financing Contribution		May Be
Zip 24	Zip Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24]	9. Name and Address of Cu	[29] rrent Registered Agent	30		Florida State	utes Address of New Reg	Yes No	
KRA	MER, FREDERICK C			81 Name		Naurosa or New Trey	Sistered Affect	
950 N COLLIER BLVD, SUITE 201 MARCO ISLAND FL 33937					dress (P. g. Prox Number is Not Acceptable)			
				84 City NZ	aples, F	, ·	FL 85 Z	p Code
11. Pursuant office or	to the provisions of Sections 607 registered agent, or both, in the S am familia, with, and accept the o	0502 and 607,1508, Flor tate of Florida, Such cha	ida Statutes, the ab nge was authorized	ove-named cor by the corpora	rooration cubmite this	s statement for the protors. I hereby accep	urpana of abanaia	j its registered as registered
l	V 6 1 . ~~/	_	7.0505, Florida State	ites.		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	Signature, typed or privid name of registere	d agent and little if applicable	(NOTE Registered	Agent signature requ	ured when rainstating)		DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/C	HANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	Debbie Thomp	301\	DELETE 1.1 TIT	_f	Vice Presid	ent/Treasu	zen 🗌 Chang	e Addition
NAME	660 17th Stree	4 810	1.2 NA			•		
STREET ADDRESS CITY-ST-ZIP	NADIES, FL 3	34117	i i	REET ADDRESS Y - ST - ZIP				
TITLE	President / Secre	teru Do	DELETE 2.1 7(7				Chang	e Addition
NAME	Danny Thomps		2.2 NA	VIE			0	_
STREET ADORESS	660 YTTh Stre	et	2.3 \$16	REET ADDRESS				
CITY-ST-ZIP	NAPIES, FL 3			IY-ST-ZIP				
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NAME STREET ADDRESS			3.2 NAI					
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NAME		_	4. 2 NA	.			Last Orienge	
STREET ADDRESS				EET ADDRESS				
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NAME	,		5.2 NAI	NE			-	
STREET ADDRESS			5.3 STF	EET ADDRESS				
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TITLE			ELETE 61 TITE	.E			Change	Addition
NAME	,		6.2 NA	AE				
STREET ADDRESS			6.3 STR	EET ADDRESS	4	ANK S		l
CITY-ST-ZIP			6.4 CIT	r-ST-ZIP	- *K (1/5	ANK S	((7-28	-0-

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 atlachment with an address.