

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000031248 (3)**

1. Corporation Name
GREENDAY LAWN & LANDSCAPE INC.

Principal Place of Business

**9395 S.W. 77TH AVE.
APT. 1047
MIAMI FL 33156**

Mailing Address

**9395 S.W. 77TH AVE.
APT. 1047
MIAMI FL 33156**

97 AUG 25 AM 8:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**NUTTER, SEAN
9395 S.W. 77TH AVE.
APT. 1047
MIAMI FL 33156**

*President only officer
in company*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

1 TITLE **President** ☒ DELETE

2 NAME **Sean Nutter**
3 STREET ADDRESS **9395 SW 77 Ave. #1047**
4 CITY-ST-ZIP **Miami, FL 33193**

5 TITLE ☐ DELETE

6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

9 TITLE ☐ DELETE

10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP

13 TITLE ☐ DELETE

14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

17 TITLE ☐ DELETE

18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

21 TITLE ☐ DELETE

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Sean Nutter**
1.3 STREET ADDRESS **7028 SW 152 PL.**
1.4 CITY-ST-ZIP **Miami, FL 33193**

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME
1.23 STREET ADDRESS
1.24 CITY-ST-ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME
1.27 STREET ADDRESS
1.28 CITY-ST-ZIP

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.

CR2E034 (4/97)