

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000031950 (4)

1. Corporation Name

FIRST CHOICE LAWN CARE, INC.

Principal Place of Business

4343 HOLLYGATE DRIVE  
JACKSONVILLE FL 32258

Mailing Address

4343 HOLLYGATE DRIVE  
JACKSONVILLE FL 32258-1337

3. Date Incorporated or Qualified

04/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 4352 HOLLYGATE DRIVE

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE FL.

24 Zip 32258

Country

25 DUVAL

2a. Mailing Address

26 4352 HOLLYGATE DR.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FL

29 Zip 32258

Country

30 DUVAL

4. FEI Number

59-337-6008

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MC MENAMY, WILLIAM B  
2925 BARNETT CENTER  
50 NO LAURA STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

SAME AS BOX #9

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 or typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	DOWNES, JOHN C	
STREET ADDRESS	4343 HOLLYGATE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32258	
TITLE	D	DELETE
NAME	DOWNES, MELANIE A	
STREET ADDRESS	4343 HOLLYGATE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32258	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O	Change	Addition
1.2 NAME	Joyceelyn B. STORNIOLA		
1.3 STREET ADDRESS	4352 HOLLYGATE DR.		
1.4 CITY - ST - ZIP		Change	Addition
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		Change	Addition
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		Change	Addition
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		Change	Addition
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		Change	Addition
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP		Change	Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/97

104-292-9001

CR2E034 (9/96)