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May 13 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 # P96000042556 (6)

1. Corporation Name

S & D LAWN CARE AND SPECIALTY SERVICES, INC.



Principal Place of Business

7451-13 - 103RD ST.
SUITE 42
JACKSONVILLE FL 32210

Mailing Address

7451-13 - 103RD ST.
SUITE 42
JACKSONVILLE FL 32210-8309

2. Principal Place of Business

21 7900 103 RD ST.

Suite, Apt. #, etc.

22 42

City & State

23 JACKSONVILLE FL

Zip

24 32210

Country

2a. Mailing Address

26 7900 103 RD ST

Suite, Apt. #, etc.

27 42

City & State

28 JACKSONVILLE FL

Zip

29 32210

Country

3. Date Incorporated or Qualified

05/08/1996

3a. Date of Last Report

4. FEI Number

59- 3379837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

POTTER, SASONYA R
3808 SOUTH LANE AVE.
JACKSONVILLE FL 32210

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 (Applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME POTTER, SASONYA R
STREET ADDRESS 3808 SOUTH LANE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ DELETE

NAME WILLIAMS, MARVIN D
STREET ADDRESS 4779 CATES AVE.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

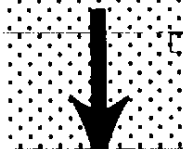
TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGN
HERE



13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE: SASONYA R. POTTER, Secretary of State 4-28-97

CR2E034 (9/96)