## 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 # P96000045457 (4)

DAVE L. LAWN SERVICE, INC.

Mailing Address

**FILED** 

Apr 25 1997 8:00am

Secretary of State

6719 PAMPUS		6719 PAMPUS D							
ORLANDO FL S		ORLANDO FL 32			ļ				
					}	3. Date incorporated or Qualified 05/21/1996	3a. Date of La	ist Report	
2. Principal Pl	lace of Business	2a. Mailing Add	ress			4 FE Number	<u>.l</u>	Applied For	
21	add of Eddinado	26				59-3366987		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			S8 75 Additional			
22		<del>     </del>	27			5. Certificate of Status Desired		e Required	
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28	28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	nlry		8. This corporation has liability for	in <b>y</b> Ingible tax und	ier s. 199.032,	
24	25	29	30				Yes No		
	9. Name and Address of C	urrent Registered Agent		· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Re	gistered Agent		
LEFE	EBVRE, DAVID		•	<b>61</b> Nai	rne				
6719 PAMPUS DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 32819					`			
J. (_				83					
				<b>84</b> City	У		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Flor State of Florida, Such cha	ida Statutes, the al	bove-nan d by the	ned corpor	ation submits this statement for the p n's board of directors. I hereby accep	ourpose of chang	ing its registered	
agent. I a	m tamiliar with, and accept the	obligations of, Section 607	7.0505, Florida Stat	utes	,	, ,			
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable	(NOTE Registere	o Agent sign	ature required	when reinstating)	DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PINP Calaba	[_] [	DELETE 1.4 TO	1LE	) De	cretary.	☐ Cha	nge Addition	
NAME	David Leterre	_	1.2 N/	AME	Con	nie C thetebure	•		
STREET ADDRESS	4719 Rampus Dr	•	13 \$1	IREET ADDRE	ESS 67	nie Cothefebra	_		
CITY-ST-ZIP	David Lefebre 6719 Rampus Dr Orlando, FL 32	819		14-81-71P	On	lando 71 32819	<u> </u>		
TITLE	·	□ (	DELETE 2111		ŀ		☐ Cha	inge L. Addition	
NAME			2.2 No		ŀ				
STREET ADDRESS				TREET ADORI					
CITY-ST-ZIP				11Y-S1-7IP	<u></u>	<u> </u>		ange Addition	
TITLE		اا ا	DELETE 3.1 TO					rige [ Addition	
NAME			3.2 N						
STREET ADDRESS				TREET ADDRE					
CITY-ST-ZIP				ITY - ST - ZIP	<u> </u>		Cha	ange Addition	
TITLE		LJ	DELETE 4.1 TI					ings [_] Auuilluil	
NAME			4 2 N						
STREET ADDRESS				TREE I ADDR					
CITY-ST-ZIP				TY-ST-ZIP			☐ Cha	ange Addition	
TITLE		LJ	DELETE 5111				L.J UN	ange 🗀 Auduron	
NAME			52 N						
STREET ADDRESS				TREET ADDR	i				
CITY-ST-ZIP				11Y - ST - 7IP			□ Ch	ange Addition	
TITLE		LI					UI	ange L Mauntott i	
NAME			6.2 N						
STREET ADORESS	1 - 3 - 3		6.3 S	TREET ADDR	ESS				

14. To 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 eath; that fam an officer or director of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1