

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 # P96000057702 (8)

1. Corporation Name  
H & K LAWN SERVICE, INC.

Principal Place of Business  
5490 110TH ST  
JACKSONVILLE FL 32244

Mailing Address  
5490 110TH ST  
JACKSONVILLE FL 32244-2112

FILED

97 OCT 20 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 5490 110th St  
Suite, Apt. #, etc.

22 City & State  
JAY FL

23 Zip  
32244

24 DuVAL

2a. Mailing Address

26 5490 110th St  
Suite, Apt. #, etc.

27 City & State  
JAY FL

28 Zip  
32244

29 DuVAL

3. Date Incorporated or Qualified  
07/10/1996

3a. Date of Last Report  
none

4. FEI Number

59-3387346

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

HOENIGMANN, SHARON  
5490 110TH ST  
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name

Same

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

TITLE V  
NAME HOENIGMANN, SHARON  
STREET ADDRESS 5490 110TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE P  
NAME KIMBALL, JAMES  
STREET ADDRESS 5490 110TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: Sharon Hoenigmann (Sharon) Hoenigmann

904-705-6673

904-7788130

CR2E034 (9/96)