## FILE NOW: FILING FEE AFTER MAY 1 18 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96 0000 58417 Stay Green Lawn Service

Principal Place of Business Mailing Address P.O. BOX 15/705 Cape Conal, F.I. 23 N.W. 28 Ter. Cape COTAL FI. 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Andress Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certif-cate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 USA 29

9. Name and Address of Current Registered Agent 24 Yes 🔲 No Florida Statutes 10. Name and Address of New Registered Agent RANDY A. FILER 23 NW 28 TER. -Name Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, Fl. 33993 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 Statutos.

SIGNATURE. RANDY A. F. LER. SAMBY A. F. LER. SECTION 607.0505. Florida Statutos. 12. 13. Change Addition DLLETE 1.1 HITCE DIRECTOR RHONDA L. FILER NAME 1.2 NAME 22 NM 38 STREET ADDRESS 13 STREET ADDRESS 1.4 DITY - ST- ZIP CITY - ST - ZIP DELETE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CHY-\$1-ZIP OFLETE 3.1 Tritte Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS

200002201172 -06/04/97--01035--019 \*\*\*165 no \*\*\*165.00 Two 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/I changed, or on an all admirrent with an address

3.4 CITY+ST-ZIP

4.4 City: \$1.7P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 2 NAME 4.3 \$TREET ADORESS

5.2 NAME

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

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NAME

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NAME STREET ADDRESS

DELETE

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DELETE

RHONDA FILER 5/16/97

Change

Change

Addition

Addition

FILED

May 21 1997 8:00am

Secretary of State