

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000059544 (2)

1. Corporation Name

TOWN & COUNTRY LAWN CARE, INC.

Principal Place of Business

1461 S.W. 12TH AVENUE
BAY C
POMPANO BEACH FL 33069

Mailing Address

1461 S.W. 12TH AVENUE
BAY C
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

65-0677645

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3280 NW 65 ST.

Suite, Apt. #, etc.

22 Ft. Lauderdale FL

City & State

23 33309

Zip

Country

24 U.S.

2a. Mailing Address

26 3280 NW 65 ST

Suite, Apt. #, etc.

27 Ft. Lauderdale FL

City & State

28 33309

Zip

Country

29 U.S.

9. Name and Address of Current Registered Agent

RASKU, DOUG
3324 YELLOWFIN LANE
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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]

DOUG RASKU PRESIDENT (SAME AS PREVIOUS)

4/30/96

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME
RASKU, KENNETH
STREET ADDRESS
1461 SW 12TH AVE., BAY C
CITY-ST-ZIP
POMPANO BEACH FL

1.2 NAME ☐ DELETE

NAME
RASKU, DOUG
STREET ADDRESS
3324 YELLOWFIN LANE
CITY-ST-ZIP
MARGATE FL

1.3 NAME ☐ DELETE

1.4 NAME

1.5 NAME

1.6 NAME

1.7 NAME

1.8 NAME

1.9 NAME

1.10 NAME

1.11 NAME

1.12 NAME

1.13 NAME

1.14 NAME

1.15 NAME

1.16 NAME

1.17 NAME

1.18 NAME

1.19 NAME

1.20 NAME

1.21 NAME

1.22 NAME

1.23 NAME

1.24 NAME

1.25 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 in an attachment with an address.

SIGNATURE

[Signature]

DOUG RASKU (same as previous)

4/30/96

977-9673

CR2E034 (10/97)