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

PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CESTATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

**DOCUMENT # P96000062559 (5)** 

Mailing Address

WEST SHORE LAWN SERVICES, INC.

9901 WOODBAY DRIVE 9801 WOODBAY DRIVE TAMPA FL 33626 TAMPA FL 33626-2426 3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *59-3*392093 Not Applicable 26 21 Suite Apt # etc Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State: 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WYATT, HORACE 9801 WOODBAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33626 83 City 84 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. argular not expect of painted name of regulation alagent at details it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition THE 1.1 TITLE D, WYATT, HORACE MAVE 1.2 NAME 9801 WOODBAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33626 C(1Y - \$1 - 7)P 1.4 CITY-ST-ZIP DELETE Change Addition THE 2.1 TITLE D,5 CHILDS, JONATHAN NAVE 2.2 NAME 9804 BENNINGTON DRIVE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33626** CHTY ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3 f TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CHY - \$1 - 7/P DELETE Change Addition 4.1 TITLE THILE 4.2 NAME NAME STHEET ACIDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 0114-51-75 DELETE Change Addition THU 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

54 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 chapted, or on an attachagent with an address.

61 TITLE 6.2 NAME

SIGNATURE:

CHY-ST Zer TITLE

STREET ADDRESS

City-St-Za

NAMi

DELETE

8550230

**FILED** 

Feb 17 1997 8:00am

Secretary of State