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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000062933 (2)

1. Corporation Name

PREMIER LAWN CARE, INC.

Principal Place of Business

Mailing Address

451 18TH STREET SW
WINTER HAVEN FL 33884

451 18TH STREET SW
WINTER HAVEN FL 33884-1140



3. Date Incorporated or Qualified
07/26/1996

3a. Date of Last Report

4. FEI Number
59-3394108

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

2. Principal Place of Business

2a. Mailing Address

21 225 SHORE DR

26 225 SHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINTER HAVEN, FL

28 WINTER HAVEN, FL

24 Zip 33884 Country U.S.A.

29 Zip 33884 Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUGUSTYNIAK, MARK
451 18TH STREET SW
WINTER HAVEN FL 33884

81 Name MARK AUGUSTYNIAK

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

83

84 City WINTER HAVEN, FL 85 Zip Code 33884

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)

3-5-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME AUGUSTYNIAK, MARK
STREET ADDRESS 451 18TH STREET SW
CITY - ST - ZIP WINTER HAVEN FL 33884

1.1 TITLE PVST ☒ Change ☐ Addition
1.2 NAME MARK AUGUSTYNIAK
1.3 STREET ADDRESS 225 SHORE DR
1.4 CITY - ST - ZIP WINTER HAVEN, FL 33884

TITLE D ☒ DELETE
NAME AUGUSTYNIAK, MARK
STREET ADDRESS 451 18TH STREET SW
CITY - ST - ZIP WINTER HAVEN FL 33884

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME DEBORAH AUGUSTYNIAK
2.3 STREET ADDRESS 225 SHORE DR
2.4 CITY - ST - ZIP WINTER HAVEN, FL 33884

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

MARK AUGUSTYNIAK 3-5-97 (941)324-1877

Date

Daytime Phone #

0392011

CR2E034 (9/96)