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FILED
May 08 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 # **P96000063029 (8)**

1. Corporation Name:

M & M LANDSCAPE AND LAWN MAINTENANCE, INC.

Principal Place of Business

Mailing Address

**5328 WALKER HORSE DRIVE
JACKSONVILLE FL 32257**

**5328 WALKER HORSE DRIVE
JACKSONVILLE FL 32257-4704**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LANIER, MATTHEW A
5328 WALKER HORSE DRIVE
JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified

3a. Date of Last Report

07/25/1996

4. FEI Number

59-3391965

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

10. Name and Address of New Registered Agent

81 Name

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

**P
LANIER, MATTHEW
5328 WALKER HORSE DRIVE
JACKSONVILLE FL 32257**

12 NAME ☐ DELETE

**V
KRAUSE, MICHAEL
5328 WALKER HORSE DRIVE
JACKSONVILLE FL 32257**

13 STREET ADDRESS ☐ DELETE

14 CITY - ST - ZIP

15 CITY - ST - ZIP

16 CITY - ST - ZIP

17 CITY - ST - ZIP

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19 CITY - ST - ZIP

20 CITY - ST - ZIP

21 CITY - ST - ZIP

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29 CITY - ST - ZIP

30 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 CITY - ST - ZIP

16 CITY - ST - ZIP

17 CITY - ST - ZIP

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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: **Matthew Lanier** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.97

Date

(904) 293.4914

Daytime Phone #

CR2E034 (9/96)