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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079026 (6)

TULIPS & TURF LAWN SERVICE, INC.

Mailing Address Principal Place of Business

FILED May 02 1997 8:00am Secretary of State



9 SPRING COURT FROSTPROOF FL 33843			9 SPRING COURT FROSTPROOF FL 33643-4326					
					3. Date Incorporated or Qualified Sa. Date of Last Report 09/23/1996		Рерогі	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	l la	pplied For	
21		26	26			I N	ot Applicable	
Suite, Apt. # etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3405010 5. Certificate of Status Desired	1	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199.032,			
24	25		30		Florida Statutes X Yes No			
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	pistered Agent		
SCRO	DGGINS, CAROLE J		8	1 Name				
	RING COURT STPROOF FL 33843		82 Street Addres		dress (P.O. Box Number is Not Acceptab	le)		
11100	51111001 TE 00040		8	3				
			8	4 City		FL 85 Zip	Code	
office or n agent. Lai SIGNATURE	to the provisions of Sections 607, egistered agent, or both, in the S re familiar with, and accept the of Curolin State or pure strate or regard.	tate of Florida. Such change was at bligations of, Section 607.0505, Flor	uthorized I rida Statut	by the corpores.	progration submits this statement for the pation's board of directors. I hereby acceptions when reinstating)	urpose of changing at the appointment as y 25/97	s registered	
12.		AND DIRECTORS	13.	geni signature req	ADDITIONS/CHANGES TO OFFIC			
101.E	PTD	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS OF AN ACCOUNT	☐ Change	Addition	
NAME	SCROGGINS, CAROLE J	C3 preside	1.2 NAM					
STREET ADDRESS	9 SPRING COURT			ET ADDRESS				
	FROSTPROOF FL 33843		1.4 CITY					
E-TY-ST-ZIP TITLE	SD	DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAM			•	_	
STREET ADDRESS	ROUTE 2, BOX 624X			ET ADDRESS				
CHY-ST-ZIP	AVON PARK FL 33825		2. 4 CITY					
THILE			311111			Change	Addition	
NAME			3.2 NAM					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
C(FY+S1+Z)P			3.4, CITY					
TITLE			4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
City-St-ZIP			4.4 CITY	· ST · ZIP				
TITLE			5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAM	:				
STREET ADORESS			5.3 STRE	ET ADDRESS				
COLY+ST-ZIP			5.4 CITY	-ST-ZIP				
7111.F		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAM	E				
STREET ADORESS			6.3 STRE	ET ADDRESS				
CITY-ST 2IP			6.4 CITY	-ST-ZIP				

14. I do hereby certify that the information supplied with this fitting 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.

RICANOIBIJI Scroggins 4/28/97