

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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000080136 (0)
1. Corporation Name
GRASSY'S LAWN SERVICE, CORP. OF BONITA SPRINGS



Principal Place of Business
26636 SOUTHERN PINES DR.
APT. G-8
BONITA SPRINGS FL 34135

Mailing Address
26636 SOUTHERN PINES DR.
APT. G-8
BONITA SPRINGS FL 34135-6155

3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last Report NA
4. FEI Number 59-3403929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent TOM, APRIL L 26636 SOUTHERN PINES DR. APT. G-8 BONITA SPRINGS FL 34135	10. Name and Address of New Registered Agent 81 Name ANDERSON, CAROL R. 82 Street Address (P.O. Box Number is Not Acceptable) 26636 SOUTHERN PINES DR. 83 APT. G-8 84 City BONITA SPRINGS 85 Zip Code FL 34135
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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 *Carol Anderson* (NOTE: Registered Agent signature required when reinstating) DATE 4-23-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VICE PRES.	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARK TOM		1.2 NAME STEVEN R. ANDERSON	
STREET ADDRESS 26636 SOUTHERN PINES DR.		1.3 STREET ADDRESS 380 LN 275A TURKEY LK	
CITY - ST - ZIP BONITA SPRINGS FL 34135		1.4 CITY - ST - ZIP HUDSON IN 46747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SECRETARY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ASST. VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME APRIL TOM		2.2 NAME HEATHER N ANDERSON	
STREET ADDRESS 26636 SOUTHERN PINES DR.		2.3 STREET ADDRESS 26636 SOUTHERN PINES DR.	
CITY - ST - ZIP BONITA SPRINGS FL 34135		2.4 CITY - ST - ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Carol Anderson* April 23, 1997 941-498-2098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)