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 # P96000082152 (5)

ABLE LAWN CARE, INC.

Principal Place	e of Business	Mailing Address	iailing Address			- I SOOTHOOL IN NOTH OTHIN BANK BANK BANK BOND BANK WAND 11994 HOLL OLING KAT 1794			
849 DEMPSEY AVENUE SEBASTIAN FL 32958		849 DEMPSEY AVENUE SEBASTIAN FL 32958-4411						•	
OPDIO INTE	3200	APPLIAL LEG MESSA	•			3. Date Incorporated or Qualified 10/04/1996	3a. D	ate of Last R	eport
2. Principal Pl	lace of Business	2a. Mailing Address			····	4. FEI Number	<u>. </u>		oplied For
21		26				65-0699452			ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	4.45° - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44 - 1.44					\$8.75 /	
22		27				Certificate of Status Desired	<u></u>	Fee Re	equired
City & State	e	City & State			_	6. Election Campaign Financing		\$5.00	
23	On arthur	28	T			Trust Fund Contribution		Added t	
Zip 24	Country 25	Z _{IP} 29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	ont Registered Agent				10. Name and Address of New Re-	gistered	Agent	
	NARD, LAWRENCE Y ESQ.		81	. N	lame				
817 BEACHLAND BLVD. Vero Beach Fl. 32964-3408				? St	treet Addre	Address (P.O. Box Number is Not Acceptable)			
Thir	O DENOTE IL OLDUT VIOL		83	;					
İ			84	C	lity		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statut	tes the abov		med corp	oration submits this statement for the p	Uroose o	f changing it	e registered
office or n agent. Lai	egistered agent, or both, in the Stat in familiar with, and accept the obli	le of Fiorida. Such change was a	authorized by	y the	e corporati	ion's board of directors. I hereby accep	the app	pointment as	registered
SIGNATURE	Stylich recity high recrease area in extregistered as	gent und title if applicable (NOT	/E: Registered Ag	jent siç	gnature require	ad when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
Till_E	D	☐ DELETE	1.1 TITLE					Change	Addition
NAME	ABELE, ERIC W		1.2 NAME						
STREET ADDRESS	849 DEMPSEY AVENUE		1.3 STREET	T ADDI	IRESS				
CITY - ST - ZIP	SEBASTIAN FL 32958		1.4 CITY-5	ST-ZIF	Р				
TIT.E		DELETÉ	2 1 TITLE					Change	Addition
NAME			22 NAME						
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CITY ST ZIP		T on etc.	2. 4 CITY-	ST- 21	IP .				
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STREET ADDRESS			3.3 \$1R£E1	T ADDI	RESS				
CHTY - ST - ZHP	ļ	- Interes	3.4 CITY-	ST-21	IP .	·····			T
TITLE		☐ DELETE	4.1 TITLE					L Change	Addition
NAME			4. 2 NAME						
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CHTY - ST - ZHP		DELETE	4.4 CITY - S	ST-ZIF	Р	**************************************		Charan	T A sletting
TITLE		☐ DETELE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET						
CITY - ST - ZIP		DELETE	5.4 CITY-5	ST-ZIF	P			T T Chongó	Addition
IIITE		F") nereir	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			63STREET						
CITY - ST - ZIP	the earth, that the information county	and with this films done not quali	6.4 CITY-S			l in Section 119.07(3)(i), Florida Statutes	o I fundboo	v partifu that	*h.e
informatio Lam an of	in indicated on this annual report or	r supplemental annual report is to or the receiver or trustee empow	true and acci vered to exec	urate	e and that	my signature shall have the same legal t as required by Chapter 607, Florida S	l effect a:	s if made und	der oath; that

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ERIC ABOLE FCB 3/1997 561-5

FILED

Feb 07 1997 8:00am

Secretary of State