## **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 # P96000086027 (5)

EASY LAWN SERVICE & LANDSCAPING, INC.

Principal Place of Busines Mailing Address

## **FILED** May 09 1997 8:00am Secretary of State



| City & State  28  Country  Zip  Country  25  29  30  Country  4  | Applied For Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees |
|--|---|
| 10/17/1996   | Applied For Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees |
| 28 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   | Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees             |
| Sulte, Apt. #, etc.  27  City & State  Country  Accountry  8. This corporation has liability for intangible tax unit provided Statutes  Florida Statutes  Yes No  No  9. Name and Address of Current Registered Agent  WILLIAMS, EDWARD  2212 RODMAN ST  HOLLYWOOD FL 33020  81  Street Address (P.O. Box Number is Not Acceptable)  B2  Street Address (P.O. Box Number is Not Acceptable)  B3  B4  City  FL  B5  | 75 Additional ee Required 5.00 May Be dded to Fees                            |
| City & State   Country   7tp   Country   8. This corporation has liability for intangible tax unitary   Florida Statutes   Yos   No   Name and Address of Current Registered Agent   Name   Name and Address of New Registered Agent   Name   Street Address (P.O. Box Number is Not Acceptable)   Rational Processing of the process of the p | ee Required<br>5.00 May Be<br>dded to Fees                                    |
| Trust Fund Contribution Acceptable)  Zip Country 7tp Country 8. This corporation has liability for intangible tax units provided Statutes Yes No.  9. Name and Address of Current Registered Agent  WILLIAMS, EDWARD 2212 RODMAN ST HOLLYWOOD FL 33020  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85  | dded to Fees  |
| 25 29 30 Florida Statutes Yes No  9. Name and Address of Current Registered Agent  WILLIAMS, EDWARD 2212 RODMAN ST HOLLYWOOD FL 33020  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  FL 85  | der s. 199.032,   |
| WILLIAMS, EDWARD 2212 RODMAN ST HOLLYWOOD FL 33020  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City FL 85  |   |
| 2212 RODMAN ST HOLLYWOOD FL 33020  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85   |   |
| HOLLYWOOD FL 33020    B3   |   |
|  | I   |
| 1   1   1   1   1   1   1   1   1   1  |   |
| 11 Pursuant to the provisions of Socions 607 0502 and 607 1508 Florida Statutos the above parent correction submits this statement for the purpose of change   | 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 chang office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  | jing its registered<br>int as registered                                      |
| SIGNATURE  |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |   |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.   |   |
| THILE President DELETE 1.1711LE  | ange 🔲 Addition   |
| NAME Edward Williams 12 NAME   |   |
| street ADDRESS 2212 Rodman Street 1.3 STREET ADDRESS   |   |
| City-51-ZIP  | ange Addition   |
| NAME 2.2 NAME  | ange [] Rodillon  |
| STREET ADDRESS 2.3 STREET ADDRESS  |   |
| **CRY-ST-ZIP***  2. 4 CRY-S1-ZIP   |   |
| TITLE DELETE 3.1 TITLE   | ange Addition   |
| "NAME 3.2 NAME   |   |
| STREET ADDRESS 3.3 STREET ADDRESS  |   |
| CITY-ST-ZIP 3.4. CITY-S1-ZIP   |   |
| TITLE DELETE 4.1 TITLE Ch  | nange []] Addition  |
| NAME 4. 2 NAME   |   |
| STREET ADDRESS 4.3 STREET ADDRESS  |   |
| CITY-S1-ZIP 4.4 CITY-S1-ZIP  |   |
| TITLE DELETE 5.1 TITLE   | nange [_] Addition  |
| NAME 5.2 NAME  |   |
| STREET ADDRESS 5.3 STREEL ADDRESS  |   |
| CITY-ST-ZIP  | ango Addition   |
| TITLE DELETE 6.1 TALE  | ange L_J Addition   |
|  |   |
| ENAME 6.2 NAME   |   |
|  |   |

Information indicated on this annual report or supplies not quality in the example in state in 3 states. In the state states in the state in the information indicated on this annual report or supplies port 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.