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 # P96000089807 (7)

EMERALD LAWN CONTROL, INC.

Principal Place of Business			Mailing Address				# (80)(00) (10 (81)(0)#171 CO((100)(100)		1010 1011 UDA!	1 1104 1111	
8245 N COURTENAY PKWY, P-4 MERRITT ISLAND FL 82853			3245 N COURTENAY PKWY, P-4 MERRITT ISLAND FL 32953-8326								
							3. Date Incorporated or Qualified 10/31/1996	3a. Da	ate of Last R	eport	
2. Principal Place of Business			28. Mailing Address 26. P.O. Boy- 560977			4. FEI Number	_	— — — ·	oplied For		
21				10. Box-560977			59-341517	ر 		ot Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		T	Additional aguired	
City & State			City & State				6. Election Campaign Financing		\$5.00		
23			Rockledge	F	1		Trust Fund Contribution			to Fees	
Zip	Country	28	Zip	Cop	ritry	vard	8. This corporation has liability for	intangible	tax under s	. 199.032,	
24	25	29	32956	30	She	wrd			□ No		
9. Name and Address of Current Registered Agent CORPORATION OFFICE COMPANY 81 Name							10. Name and Address of New Registered Agent				
COR	RPORATION SERVICE COMPANY										
1201 HAYS STREET					82	Street Addi	ress (P.O. Box Number is Not Accepta	ble)			
TALL	LAHASSEE FL 32301-2525										
					83						
··					84	City		7-1	85 Zip i	Code	
1007 0500 1007 1500 50 11 001 1							and in a sharing this statement for the	FL	ı L	to reciptored	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Flori tions o	da. Such change was f, Section 607.0505, Fl	ies, me a authorize orida Sta	d by tutes.	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE								201-201-2			
12.	Signature, typed or printed name of registered agen OFFICERS AND		AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	I - Registere	d Agen	it signature requii	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTOR	3S IN 12	
TITLE	PD	LANGE	DELETE	1.1 T	TLE	T	1,5511010,011,41020 10 011		Change	Addition	
NAME	ROSS, JACK A		 -	1.2 N					•	-	
STREET ADDRESS 3245 N COURTENAY PKWY, P-				1.3 STREET ADDRESS							
CITY-SY-ZIP	MERRITT ISLAND FL 32953	•		ı	iTY-\$I						
TITLE	VD		DELETE	2.1 Ti		.=			Change	Addition	
NAME	MCCAULEY, OLIVER S			2.2 N	AME						
STREET ADDRESS	3245 N COURTENAY PKWY, P-	4		235	TREET A	ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32953			2 4 0	DITY-ST	1 - 2 1P					
TITLE	8		DELETE	317	TLE				Change	Addition	
NAME	MCCAULEY, MELINDA			3 2 N	AME.						
STREET ADDRESS	3245 N COURTENAY PKWY, P	4		335	IREET A	ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32953			3.4.0	HY-\$1	- ZIP					
TITLE	T		☐ DELETE	4 1 T	ITLE				Change	Addition	
NAME	TARSITANO, JAN			4 2 1	NAME						
STREET ADDRESS	3245 N COURTENAY PKWY, P	4		435	TREET A	ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL 32953				ITY-ST	- 7IP			<u> </u>		
TITLE			☐ DELETE	511					☐ Change	Addition	
NAME				52 N							
STREET ADDRESS						ADDRESS .					
CITY-ST-ZIP	4,14		DELETE		ITY-ST	-ZIP			T Channe	Addition 1	
TITLE			☐ DELETE	61 T					Change	Addition	
NAME				6.2 N	AME						

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 eath; 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.

64 CITY- \$1-7IP

NÓMATMOE

STREET ADDRESS

CITY-ST-ZIP

LIGITATIVE SHOWING

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FILED

Apr 21 1997 8:00am

Secretary of State