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PROFIT
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ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091178 (9)

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

COMPLETE LAWN AND MULCH SERVICE, INC.

Principal Place of Business Mailing Address 702 ORIMSON KING TRACE 702 CRIMSON KING TRACE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689-2857 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3409 782 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREITAS, SCOTT D 702 CRIMSON KING TRACE Street Address (P.O. Box Number is Not Acceptable) 82 TARPON SPRINGS FL 34689 83 84 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 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** Signature, typed or printed name of registered agont and tale if applicable (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96 (6) TITLE DELFTE 1.1 THLE __ Change Addition FREITAS, SCOTT D 1.2 NAME **702 CRIMSON KING TRACE** STREET ADDRESS 1.3 STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition FREITAS, JENNIFER NAME 2.2 NAME %702 CRIMSON KING TRACE STREET ADDRESS 2.3 STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-87-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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