## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mading Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 14 1997 8:00am

Secretary of State

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rasota, Fl.

## DOCUMENT # P96000095728 (7)

SNAPPY LAWN CARE, INC.

Principal Place of Business

STREET ADDRESS

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CITY-ST-ZIP

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TITLE

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2913 WILLIAMS SARASOTA FL		2913 WILLIAMS STREET SARASOTA FL 34237-8199					
					3. Date Incorporated or Qualified 11/21/1996	3a. Date o	of Last Report
21 2909 Suite, Apt.	BWilliamsburg St	Ra. Mailing Address Suite, Apt. #, etc.	Hia	nsbu	4. FEI Number  (C. 105 - 072296  5. Certificate of Status Desired		Applied For Not Applicable  8.75 Additional Fee Required
Zip	Soki, FL. 2	City & State  RECEASOR  Zip  Zip	Country	- 1	6. Election Campaign Financing     Trust Fund Contribution     8. This corporation has liability for	intangible tax	\$5.00 May Be Added to Fees under s. 199.032,
24 342	9. Name and Address of Current Re		XX		Florida Statutes  10. Name and Address of New Re	∐ Yes ဩhՒ egistered Age	
BARDWICK, BRIAN 2913 WILLIAMS STREET SARASOTA FL 34231			81 82 83 84	82 Street Address (P.O. Box Number is Not Acceptable) 83			
11. Pursuant to the provisions of Soctions 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, typod or prijed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIF	RECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE		☐ DELETE	11 THRE	] (	President		Change 🔄 Addition
NAME			1.2 NAME		n Dog od cold	C-4	
STREET ADDRESS 1.3 STR				ADDRESS	squewilliamsburg savasota, Fr. 34	) 21,	
CITY-ST-ZIP			1.4 CITY - S	S1-ZIP	Savasota, r. 34	401	
TITLE		☐ DELETE	2 1 TITLE		lice President		Change 🔀 Addition
NAME			2 2 NAME	1	atrick Ravanello	Kn Ch.	الم.

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34. CITY-ST-ZIP

2 4 CITY - \$1 - ZIP

3 1 TITLE

3 2 NAME

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

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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 arrival 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 proportion or the property or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

MONATURE A STATE OF BOTH BARAGES 4/22/5.