SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S02304

(1)

SMART LAWN & LANDSCAPING, INC.

FILED Sep 18 1997 8:00am Secretary of State



Principal Place of Business Malling Address										
505 SOUTHWEST 13TH STREET CAPE CORAL FL 33991 US			505 SOUTHWEST 13TH STREET CAPE CORAL FL 33991 US				DO NOT WRITE	IN THIS	SPACE	
							3. Date Incorporated or Qualified	3a. D	ate of Last R	eport
							09/24/1990 05/01/1996			
2. Principal Pi	lace of Business	28.	Mailing Address				4. FEI Number			plied For
21			26				65-0220590	•	No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
^{Zip}	Country		Zip Cou			8. This corporation owes or has paid the current year Intangible				
24	25	29	30				Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr	ent Regist	ered Agent				10, Name and Address of New Re	gistered	Agent	
	ART, EAMON				81	Name				
404 BAYSHORE DR CAPE CORAL FL 33904						Street Add	ddress (P.O. Box Number is Not Acceptable)			
					83					
					84	City		FL	85 Zip (Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florid	la. Such change was	authorize	d by	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	purpose o	f changing it pointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered				d Age	ent signature requ	ired when reinstating)	DATE		
12,	OFFICERS A	ND DIREC		13.		····	ADDITIONS/CHANGES TO OFFIC	CERS ANI		
TITLE	PST		☐ DELETE	1.1 T	ITLE				Change	☐ Addition
NAME	SMART, EAMON			1.2 N	AME	}				
STREET ADDRESS	505 SOUTHWEST 13TH STR	(EE)		1.3 S	TREET	ADDRESS				ļ.
CITY-ST-ZIP	CAPE CORAL FL					iT-ZIP			T-1	
TITLE	D		☐ DELETE	2.1 T	TLE				Change	L. ∴ Addition
NAME	SMART, EAMON			22 N	AME					i
STREET ADDRESS	505 SOUTHWEST 13TH STF	(EET		2.3 S	TALET	ADDRESS				
CITY-ST-ZIP,	CAPE CORAL FL					ST-ZIP				
TITLE			☐ DELETE	3.1 7					L Change	L.] Addition
NAME				3.2 N	AME					1
STREET ADDRESS				335	TREET	ADDRESS				-
CITY-ST-ZIP			1			ST-ZIP				
TITLE			L_I DELETE	4.1 T	ITLE				∟ Change	☐ Addition
NAME				4.21	IAME					(
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			☐ DELETE	5.1 T	TLE				L Change	Addition
NAME				5.2 N	AME					1
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				5.4 C	ITY-S	ST-ZIP				
TITLE			DELETE	6.1 T	TLE				Change	☐ Addition
NAME				6.2 N	AME					ļ
STREET ADDRESS				638	TREET	ADDRESS				
CITY-ST-ZIP				6.4 0	ITY-S	ST-21P				

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 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.

SIGNATURE: