FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED

95 APR -1 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S17571** **(8)**

1. Corporate Name

PRO-TECH LAWN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
3143 SOUTHEAST JEFFERSON STREET STUART FL 34997	3143 SOUTHEAST JEFFERSON STREET STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/06/1990	05/10/1994

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, or Suite 22	State, Apt. #, or Suite 27
City & State 23	City & State 28
Zip: 24 County: 25	Zip: 29 County: 30

4. FEI Number: **65-0241214** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIMAURO, JOHN **3143 SOUTHEAST JEFFERSON STREET** **STUART FL 34997**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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: _____ _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12	
1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP	PD DIMAURO, JOHN 3143 S.E. JEFFERSON ST. STUART FL	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP	☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP		2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP	☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP		3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP		4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP		5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP		6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: John A. DiMauro
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-29-95
Date

(407)223-0176
Daytime Phone #

0381823 CP