FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S29727** **(2)**

1. Corporation Name

TURF'S LAWN CARE, INC.

Principal Place of Business

P.O. BOX 1182
PALM HARBOR FL 34682-1182

Mailing Address

P.O. BOX 1182
PALM HARBOR FL 34682-1182

3. Date Incorporated or Qualified: **02/05/1991**

3a. Date of Last Report: **06/30/1995**

4. FEI Number: **59-3055141** ☐ 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 s. 199.032, Florida Statutes: ☑ Yes ☐ No

2. Principal Place of Business

21 7131 Bellaire terrace
22 Suite, Apt. #, etc.
23 City & State: New Port Richey Fl
24 Zip: 34653
25 Country: Pasco

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MUSZYNSKI, KURT R
7316 OTTER CREEK DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

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 607.0502 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: Kurt R. Muszynski PRESIDENT 3-11-96
Signature of Typed or Printed Name of Individual Authorized Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	MUSZYNSKI, KURT R	12 NAME
STREET ADDRESS	7316 OTTER CREEK DRIVE	13 STREET ADDRESS
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	14 CITY-ST-ZIP
TITLE	V ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	MUSZYNSKI, SHERI A	22 NAME
STREET ADDRESS	7316 OTTER CREEK DRIVE	23 STREET ADDRESS
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	24 CITY-ST-ZIP
TITLE	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kurt R Muszynski Sheri A Muszynski 2-6-96 813 376-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number