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Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
**712 BELLAIR TERRACE  
NEW PORT RICHEY FL 34653  
US  
1122 E. LIME ST.  
T.S. FL 34689**

Mailing Address  
**P.O. BOX 1182  
PALM HARBOR FL 34682-1182**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/05/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3055141</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MUSZYNSKI, KURT R 1122 E LIME ST TARPON SPRINGS FL 34689</b>				10. Name and Address of New Registered Agent			
81 Name <b>TROY MUSZYNSKI</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>1122 E. LIME ST.</b>			
83 City <b>TARPON SPRINGS, FL 34689</b>				84 Zip Code <b>FL 34689</b>			

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]* DATE **4/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRES. 500 TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MUSZYNSKI, KURT R</b>		1.2 NAME <b>TROY MUSZYNSKI</b>	
STREET ADDRESS <b>7316 OTTER CREEK DRIVE</b>		1.3 STREET ADDRESS <b>1122 E. LIME ST.</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>		1.4 CITY-ST-ZIP <b>TARPON SPRINGS, FL 34689</b>	
TITLE <b>PST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUSZYNSKI, TROY A</b>		2.2 NAME	
STREET ADDRESS <b>1122 E LIME ST</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TARPON SPRINGS FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 my attachment with an address.

SIGNATURE *[Signature]* DATE **2/20/98** **8/13 9/12/97**

CR2E034 (10/97)