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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$32385

KT'S COMPLETE LAWN SERVICE, INC.

(4)

Mailing Address

FILED Mar 11 1997 8:00am Secretary of State



8804 BANDERA CIRCLE SOUTH JACKSONVILLE FL 32244		8804 BANDERA CIRCLE SOUTH JACKSONVILLE FL 32244-5975								
			3. Date Incorporated or Qualified 02/18/1991 04/17/1996							
2. Principal Place of 8		A. C	2a. Mailing Address	<u> </u>	A	4. FEI Numb	er 137897		Applied For	
Suite, Apri # , etc.	CR WILDO.L.	MV 3	26 574 CLES	KHODT	147.5	38-3	13/08/	\$8	Not Applicable 75 Additional	
2			27			5. Certificate	of Status Desired	1 1 -	ee Required	
City & State	PARK	FL	City & State 28 ORANS &	PARIC	FL	I	campaign Financing d Contribution	, .	5.00 May Be dded to Fees	
4 32073	7(p) Country 7(p) 32.073 25 CLA y 29 32.0 8. Name and Address of Ourrent Registered Agent				Country 30		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes			
manuscript and the second seco	and the second second second second second	of Ourrent I	Registered Agent	81	Name	10. Name an	d Address of New Re	gistered Agent		
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JACKSONVILLE FL 32244					Street Add		umber is Not Acceptat	HV S.		
				84	City _	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		85	Zip Code	
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office or registered	i agent, or both, in-	the State of	and 607,1508, Florida Štatu Florida: Such change was	authorized by	the corpora	poration submits ition's board of di	this statement for the prectors. I hereby acce	ourpose of chang pt the appointme	ging its registered ent as registered	
•	r with and accept	the obligation	ons of Section 607.0505, F	lorida Statute	S.					
SIGNATURE SILECTION	lypi dior peritisd name of te	getered agent.	and title it apt Foable INO	TE: Registered Ag	ent signature requi	ired when reinstating)		DATE		
12.	OFFIC	ERS AND	DIHECTORS	13.	······································	ADDITION	S/CHANGES TO OFFIC			
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CITY-SI-7 P	that the ofermation	c. c. arachesel i	with this filing does not qua	64 DITY-5		d in Section 110	17/31/il\ Florida Statute	e I further certif	u 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 comparison or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name