

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S32950**

(5)

55 MAY -1 AM 10:02

1. Corporation Name

SUNSHINE LAWN SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

571 SW TODD AVE
PORT ST LUCIE FL 34983
US

Mailing Address

571 SW TODD AVE
PORT ST LUCIE FL 34983
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0242551

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 198.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PARKS, RICHARD
571 SW TODD AVE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

RICHARD PARKS

82 Street Address (P.O. Box Number is Not Acceptable)

571 SW TODD AVE

83

84 City

PORT ST LUCIE

FL

85 Zip Code

34983

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 **RICHARD PARKS**

(Signature typed or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required when terminating)

Richard Parks

DATE **5-1-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKS, DAVID
STREET ADDRESS	8560 KEYSTONE CT
CITY - ST - ZIP	SAN DIEGO CA
TITLE	D
NAME	PARKS, RICHARD A.
STREET ADDRESS	571 SW TODD AVE
CITY - ST - ZIP	PT ST LUCIE FL
TITLE	BY
NAME	DYKES, CHARLES
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	DYKES, CHARLES	
1.3 STREET ADDRESS	1219 DELAWARE AVE	
1.4 CITY - ST - ZIP	FT PIERCE, FL 34950	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(9)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Parks

RICHARD PARKS

PRESIDENT

5-1-95

407-871-1990

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number