

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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S40479**

(5)

1. Corporation Name

JERICO LAWN, INC.

Principal Place of Business

**5334 OLD WINTER GARDEN RD
STE D
ORLANDO FL 32811
US**

Mailing Address

**PO BOX 617125
5427 TIMBERLEAF BLVD.
ORLANDO FL 32861-7125
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EVANS, H. DUKE, JR.
5427 TIMBERLEAF BLVD.
ORLANDO FL 32811**

3. Date Incorporated or Qualified

03/26/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3055997

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE

NAME **EVANS, H. DUKE, JR.**
STREET ADDRESS **5427 TIMBERLEAF BLVD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **EVANS, DAISY M.**
STREET ADDRESS **5427 TIMBERLEAF BLVD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **MD** ☐ DELETE

NAME **AMOS, HARRY**
STREET ADDRESS **4728 MIRAMAR RD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **MD** ☐ DELETE

NAME **HAMILTON, GLENDY**
STREET ADDRESS **5242 LETHA ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **JONES, RUTH**
STREET ADDRESS **2504 CATALINA DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **AMOS, HAZEL**
STREET ADDRESS **7606 AREZZO ST**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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

H. Duke Evans

6/19/97 (402) 390-8005

CR2E034 (9/96)