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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$49838

(3)

JOHNSON LAWN DESIGN, INC.

## **FILED** Apr 29 1997 8:00am Secretary of State



Principal Place 2715 MENDEU APOPKA FL 32	N ST	2715 MENDE	Maning Address 2715 MENDELIN ST APOPKA FL 32703-4829			3. Date Incorporated or Qualified   3a. Date of Last Report				
						3. Date Incorporated or Qualified 04/29/1991	3a. Date o		eport	-
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	00/01		oplied For	1
21		26				59-3072391			t Applicable	,
Suite, Apt.	#, etc.	Suite. Ap	t. #, etc.			5. Certificate of Status Desired	\$		Additional	
22	<u></u>	27				O. Commune of Grains Desired		Fee Ro	poriup	_[
City & State	<del>0</del>	City & St	ato			6. Election Campaign Financing	_		May Be	
Zip	Country	28 Zip		Country	···	Trust Fund Contribution		Added 1		+
24	25	29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24]	9, Name and Address of Current Registered Agent			10. Name and Address of New Registe						
JOH.	INSON, K.			81	Name					
	5 MENDELIN ST.			82	Stroot Ado	iress (P.O. Box Number is Not Acceptab	le)			
	PKA FL 32703			102	Silect Add	iress (F.O. DOX NUMBER IS NOT Acceptab	(e)			
				83						1
				84	City		8	5   Zip (	Code	$\dashv$
office or r	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such c	hange was author	ized b	y the corpora	poration submits this statement for the p alion's board of directors. I hereby accep	urpose of cha of the appoint	inging it ment as	s registered registered	
SIGNATURE										İ
12.	Signature, typed or pointed name of register Of Each D	S AND DIRECTORS		lered Ag	ert signature requ	ired wher reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CIBS AND DI	ECTOR	C IN 12	ج ا
TITLE	P			1 111LE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	٦Ş
NAME	, Johnson, Kathleen			2 NAME	}		_	one g-		1
STREET ADDRESS	2715 MENDELIN ST.				ADDRESS					18
CITY-ST-ZIP	APOPKA FL			4 CITY - S						Ş
TITLE	V			1 11/11				Change	Addition	{
NAME	JOHNSON, MARK		?	2 NAME						Ì
STREET ADDRESS	2715 MENDELIN ST.		2	3 ST4EE	I ADDRESS					
CITY-ST-ZIP	APOPKA FL		2	4 CHY-	ST-ZIF					
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NAME	JOHNSON, NOEL		3	2 NAME						
STREET ADDRESS	2715 MENDELIN ST.		3	3 STHEE	ADDRESS					
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NAME				2 NAME						
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NAME		<u>.</u>		2 NAME			<b></b> -			
STREET ADDRESS					LADORESS	<b>.</b> → <b>1</b>				
CITY-ST-ZIP		•		4 DITY- S	ļ					
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14. I do hereby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arguest report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under eath; 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

3-11-91