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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S54182** (8)

1. Corporation Name:
WESTSIDE LAWN CARE, INC.

Principal Place of Business:
**7104 15TH AVENUE NW
BRADENTON FL 34209**

Mailing Address:
**7104 15TH AVENUE NW
BRADENTON FL 34209-1105**



3. Date Incorporated or Qualified: **05/17/1991**
3a. Date of Last Report: **04/30/1996**

4. FEI Number: **59-3080820**
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. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address:

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State:

27. City & State:

23. Zip: Country:

28. Zip: Country:

24. Country:

29. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBONA, JAMES C.
7104 15TH AVENUE NW
BRADENTON FL 34209**

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 of Registered Agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP** ☐ DELETE
NAME: **DEBONA, JAMES C.**
STREET ADDRESS: **7104 15TH AVE NW**
CITY- ST- ZIP: **BRADENTON FL**

1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY- ST- ZIP:

TITLE: **SD** ☐ DELETE
NAME: **WILLIAMS, JEANNE**
STREET ADDRESS: **7104 15TH AVE., N.W.**
CITY- ST- ZIP: **BRADENTON FL**

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY- ST- ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
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:

Jeanne Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97
Date

941-794-5494
Daytime Phone #

CR2E034 (9/96)