FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S56709** **(6)**

1. Corporation Name

SUNBELT LAWN SERVICE, TREE MOVING INC.

Principal Place of Business

1566 WILLARD ROAD NW
PALM BAY FL 32907
US

Mailing Address

1566 WILLARD RD NW
PALM BAY FL 32907
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date of Last Report: **05/28/1991**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-3072066** [ ] 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 is subject to excise tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MCKINSTRY, ROBERT E., JR.
1566 WILLARD ROAD N.W.
PALM BAY FL 32907

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 Section [illegible] Florida Statutes, the undersigned [illegible] the [illegible] Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PV	[ ] Delete
NAME	MCKINSTRY, ROBERT E., JR	
STREET ADDRESS	1566 WILLARD ROAD N.W.	
CITY, STATE, ZIP	PALM BAY FL	
TITLE	TS	[ ] Delete
NAME	MCKINSTRY, ROBERT E., JR	
STREET ADDRESS	1566 WILLARD ROAD N.W.	
CITY, STATE, ZIP	PALM BAY FL	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
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TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or is added by this report.

SIGNATURE: [signature] 4/17/96 4077239145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. MCKINSTRY, PRES.

CR2E034 (12/95)