

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S58409 (1)

1. Corporation Name

ULTIMATE LAWNS, INC.

Principal Place of Business

**100 HIBISCUS LN
KISSIMMEE FL 34743**

Mailing Address

**100 HIBISCUS LN
KISSIMMEE FL 34743**

**APPROVED
AND
FILED**

95 MAY -1 PM 10:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/10/1991	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3068988	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	☐
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032.	
HUMPHREY BRAD 100 HIBISCUS LANE KISSIMMEE FL 34743				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		85 Zip Code	
		FL			

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, BRADLEY A.	1.2 NAME	
STREET ADDRESS	100 HIBISCUS LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WALTZ, DYLAN	2.2 NAME	
STREET ADDRESS	100 HIBISCUS LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, RICARD	3.2 NAME	
STREET ADDRESS	4055 SUBURBAN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WATERLOO IA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(3)(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 resolver 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:

Brad Humphrey
Brad Humphrey
President

Date

(Typed Name)