

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 # S66271 (5)

1. Corporation Name

CURB-A-LAWN PROPERTY MAINTENANCE INC.



Principal Place of Business

13125 MONTOUR ST.
BROOKSVILLE FL 34613

Mailing Address

13125 MONTOUR ST.
BROOKSVILLE FL 34613

3. Date Incorporated or Qualified
07/15/1991

3a. Date of Last Report
09/29/1995

4. FEI Number

59-3106740

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

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARNOCK, WILLIAM T., III (ATTORNEY)
1315-12 SPRING HILL DRIVE
SPRING HILL FL 34606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13127 Spring Hill Drive

83

84

Spring Hill

FL

85

Zip Code
34609

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature of Registered Agent (Signature Required for Appointment)

4/30/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	LETENDRE, KATHLEEN B	13125 MONTOUR ST.	BROOKSVILLE FL	<input type="checkbox"/>
ST	LETENDRE, KATHLEEN B	13125 MONTOUR ST.	BROOKSVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE <td>22. NAME</td> <td>23. STREET ADDRESS</td> <td>24. CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE <td>32. NAME</td> <td>33. STREET ADDRESS</td> <td>34. CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE <td>42. NAME</td> <td>43. STREET ADDRESS</td> <td>44. CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE <td>52. NAME</td> <td>53. STREET ADDRESS</td> <td>54. CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE <td>62. NAME</td> <td>63. STREET ADDRESS</td> <td>64. CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 registered agent 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, on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Signature Print Name

CR2E034 (12/95)