

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

FILED

Apr 14 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 # **S85640** (8)

1. Corporation Name  
**J & J LAWN CARE & LANDSCAPING, INC.**

Principal Place of Business

**452 VALERIE DRIVE  
TITUSVILLE FL 32796**

Mailing Address

**452 VALERIE DRIVE  
TITUSVILLE FL 32796-2679**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**10/07/1991**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3084808**

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

9. Name and Address of Current Registered Agent

**FRYE, JAMES E.  
452 VALERIE DRIVE  
TITUSVILLE FL 32796**

10. Name and Address of New Registered Agent

**81** Name

**Jeri Frye**

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

**452 Valerie Drive**

**83**

**84** City

**Titusville**

**FL**

**85** Zip Code

**32796**

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

*Jeri Frye*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1** ☒ DELETE  
TITLE **D**  
NAME **FRYE, JAMES E.**  
STREET ADDRESS **452 VALERIE DRIVE**  
CITY-ST-ZIP **TITUSVILLE FL**

**2** ☒ DELETE  
TITLE **D**  
NAME **FRYE, JERI L.**  
STREET ADDRESS **452 VALERIE DRIVE**  
CITY-ST-ZIP **TITUSVILLE FL**

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1** TITLE **President 100%** ☐ Change ☐ Addition  
**1.2** NAME **Jeri Frye**  
**1.3** STREET ADDRESS **452 Valerie Drive**  
**1.4** CITY-ST-ZIP **Titusville, FL 32796**

**2.1** TITLE **Vice president 0%** ☐ Change ☐ Addition  
**2.2** NAME **James E. Frye or**  
**2.3** STREET ADDRESS **PO Box 6177 (452 Valerie Dr.)**  
**2.4** CITY-ST-ZIP **Titusville, FL 32796**

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

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

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

☐ Change ☐ Addition  
**6.1** TITLE  
**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: *Jeri Frye* **Jeri Frye** **President**

**4/8/97**

**407-291-4846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)