

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:29

DOCUMENT # **S99718** (6)

1. Corporate Name  
**COLLINS LAWN SERVICE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **\* CARLO COLLINS  
20 CASEY LANE, BHR  
OKEECHOBEE FL 34974**

Home Address: **\* CARLO COLLINS  
20 CASEY LANE, BHR  
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1991** 3a. Date of Last Report: **04/26/1994**

4. FEI Number: **65-0335369** 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. 25. 29. 30.

9. Name and Address of Current Registered Agent

**COLLINS, CARLO  
20 CASEY LANE, BHR  
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

B1 Name: \_\_\_\_\_

B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

B3 \_\_\_\_\_

B4 City: \_\_\_\_\_ FL B5 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0503 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: *Carlo Collins* *owner/President* *4/27/95*

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	COLLINS, CARLO
3. STREET ADDRESS	20 CASEY LANE, BHR
4. CITY, ST, ZIP	OKEECHOBEE FL
5. TITLE	D
6. NAME	COLLINS, SANDRA
7. STREET ADDRESS	20 CASEY LANE, BHR
8. CITY, ST, ZIP	OKEECHOBEE FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 199.03(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 recipient of trustee appointment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on any attachment with my address.

SIGNATURE: *Carlo Collins / Carlo Collins* *4-27-95* *(813)467-7843*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR