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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V02308 **DOCUMENT #** 

(7)

R & R LAWN MAINTENANCE AND LANDSCAPING, INC.

Principal Place of Business  Mailing Address  10510 NIXON RD  Mailing Address						1860   1860   1860   1860   1860   1860   1860   1860   1860   1860   1860   1860   1860   1860   1860   1860 				
TAMPA FL 33624  TAMPA FL 33624						Date Incorporated or Qualified			eport	
						12/20/1991	0	)4/11/199	<b>3</b> 5	
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number Applied For 59-3109720 Not Applied			Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite Apt. #, etc	Suite Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	27   City 8 State   28			6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
ZIP	Country		Cou 30	ntry			s □No		199.032,	
24	9 Name and Address of Curr					10. Name and Address of New	Registere	d Agent		
	g. Italie and records			81	Name					
HOWARD, DANIEL L.				82	Street Addr	Address (P.O. Box Number is Not Acceptable)				
	10510 NIXON RD TAMPA FL 33624									
IMMEN IL 30024				84	City		F	. 85 Z	ip Code	
CONTRACTO	Skynarine i typed on printed manie of web step step of	gertalarriera piede	profit Bapters			ration submits this statement for the p rd of directors. Thereby accept the ap of water controls.  ADDITIONS/CHANGES TO O	CATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	- HOENS A	Change	Addition	
TITLE	D	☐ DELETE		fill f				□ ••		
NAME	HOWARD, DANIEL L.			IA!!AE	1.4000000					
STREET ADDRESS	10510 NIXON RD				1 ADDRESS					
CITY - ST - ZIF	TAMPA FL	DELETE		)     Y - : 	SI-7IF			☐ Change	Addition	
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NAME					I ADDPESS					
STREET ADDRESS					ST-ZIP					
CITY-ST-ZIP TITLE		DELETE		1171.6				☐ Chang	e 🔲 Addition	
NAME			3.2	NAME						
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CITY - ST - ZIP			. 34	CiTY -	ST - ZiP			Chang	e Addition	
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NAME				NAME						
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CITY-ST ZIP					- S1 - ZIP			Chang	e	
TITLE		☐ DELETE	1	TITL	l l					
1	1		5.2	NAM	: 1					

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 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 attantion with an Address. WE NAME OF SIGNING OFFICER OF DIRECTOR L. HOWARD 30 Apr 96 8139692020

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

6.4 QTY-S1\_ZIF

5 4 CITY - ST - ZIP

€ 1 THE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIF

TITLE

NAME

CR2E034 (12/95)

Addition

Change