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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:44

DOCUMENT # V04150 (1)

1. Corporation Name

T & N GROUND MAINTENANCE, INC.

Principal Place of Business

**8919 N.W. 20TH MANOR
CORAL SPRINGS FL 33071**

Mailing Address

**8919 N.W. 20TH MANOR
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

25

27. City & State

28

Zip Country

29

30

4. FEI Number

65-0302038

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

10. Name and Address of New Registered Agent

**SCROGHAM, TERRY LEE
3520 CORAL SPRINGS DR
CORAL SPRINGS FL 33065**

81. Name

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

83.

84. City

FL

85. Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SCROGHAM, TERRY LEE**
STREET ADDRESS **8919 NW 20 MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VP**
NAME **SCROGHAM, NIKKI**
STREET ADDRESS **8919 NW 20TH MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **S**
NAME **HALL, ED**
STREET ADDRESS **2820 CORAL SPRINGS DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **T**
NAME **SCROGHAM, BRENT**
STREET ADDRESS **2820 CORAL SPRINGS DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
Bertha Marnois
2866 Coral Springs Drive
Coral Springs, FL 33065

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)(b), 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:

Terry Scrogam **TERRY SCROGHAM**

4-2-95

305-752-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #