FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 17 AM 11:42

DOCUMENT # V16974 (0)

1. Corporation Name

GREEN LIFE LAWN CARE, INC.

Principal Place of Business	Mailing Address
3674 WOODS WALK BLVD LAKE WORTH FL 33467	3674 WOODS WALK BLVD LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1992	3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0317656	☐ 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 (21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25)

2a. Mailing Address (26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30)

9. Name and Address of Current Registered Agent

SALLEY, DAVID A.
3674 WOODS WALK BLVD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

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 607.0505 and 607.1505, 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

12. OFFICERS AND/OR DIRECTORS

P
SALLEY, DAVID
3674 WOODS WALK BLVD
LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition

14. Under penalties of perjury, I certify that the information indicated on this report or supplemental 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 with an asterisk (*).

SIGNATURE: [signature] 1-9-95 (407)433-0798

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0272015 CP