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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

704 OAKLAND HEIGHTS PLANT CITY FL 33565

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17132

(4)

MIKE JENKINS LAWN SERVICE, INC.

Mailing Address
704 OAKLAND HEIGHTS
PLANT CITY FL 33565-9010

**FILED** 

Mar 20 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

				02/27/1992	05/28/1996
2. Principal Fra	ice of Business	2a. Mailing Address	) ~ OA	4. FEI Number	Applied For
21		26 P.O. Box 3	8808	65-0322381	Not Applicable
Suite, Apt #	, etc	Suite, Apt. #. efc.		5. Certificate of Status Desired	\$8.75 Additional
22		27) 28) Plant City	· · · · · · · · · · · · · · · · · · ·		Fee Required
City & State:		Diva State	, [7]	6. Election Campaign Financing	<b>\$5.00</b> May Be
23	1 25. 33. 77. 77.	28 Mont City	<u>', Tl.</u>	Trust Fund Contribution	Added to Fees
Ζφ 23)	Country		TO COUNTRY	B. This corporation has liability for	
24	[25] 9. Name and Address of Curre	29 33564-3088 3	Hillsborous	Florida Statutes  10. Name and Address of New R	Yes No
	a man to the contract of the contract of	in hegistereo Agent	81 Name	IV. Hame Blid Address of New A	ogistelen Mäent
	KINS, MIKE				
	DAKLAND HEIGHTS		82 Street Address (P.O. Box Number is Not Acceptable)		
PLANT CITY FL 33565			83		
			100		
			84 City		85 Zip Code
arangan					<u>FL</u>
other or re	othe provisions of Sections 607.05 gistered agent, or both, in the Stat	⊕2 and 607,1508, Florida Statutes e of Horida. Such change was au	s, the above-named co Thorized by the corpor	orporation submits this statement for the	purpose of changing its registered ept the appointment as registered
agent fam	ifamiliar with, and accept the obli	gations of, Section 607.0505, Flori	da Statutes.	ration's board of directors. I hereby acco	The state of the s
SIGNATURE		127 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		
12.	and the company time of the process of the company	y et ar o tirc if applicable (NOTE   ND DIRECTORS	Flogistered Agont signature rec		DATE
Titut	Or rigins Ar	DELETE	1.1 Title	ADDITIONS/CHANGES TO OFFI	Change Addition
1	ICHIVING MICHAEL	C. J Dittit		Entrop Tampu	Change [2] Addition
NAME	JENKINS, MICHAEL, 704 OAKLAND HGTS.		1.2 NAME	senkins, Tammy	
STREET ADORESS	PLANT CITY FL 33585			704 Dakland Hts	_
City-St 7iii	PLANT CIT FL 33363	DELETE	1.4 CITY - \$1 - ZIP	Plant City, Fl. 3354	Change Addition
TITLE	OMBRELL LIPATURE	D petric		Treasure!	Change L Adollion
NAME	CAMPBELL, HEATHER			Ferry Campbell, Jerry	<i>(</i>
STREET ADDRESS	704 OAKLAND GHTS		2 3 STREET ADDRESS	704 Oakland Hahts	
Ciliy-ST_Zib	PLANT CITY FL	DELETE	2 4 CITY - ST - ZIP	Plant City, the 335	65
1111		L Dett if	3 1 TITLE	, ,	☐ Change ☐ Addition
ByW:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-SF Zir			3 4. CITY - ST - ZIP		
LIU		☐ DELETE	4 1 TITLE		L] Change L] Addition
NAME			4. 2 NAME		
STHEEL ACUBESS			4.3 STREET ADDRESS		
DITY ST 735			4.4 CiTY - ST - ZIP		
1111.6		DELETE	5.1 TITLE		Change Addition
NAME [			5.2 NAME		
STREET ADDRESS.			5 3 STREET ADDRESS		
COTA: \$1 Ac.		The second	54 CITY - ST - ZIP		
THE .		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST Zie			6.4 CITY-ST-ZIP		
14. I do hereby information	/ certify that the information supplic indicated on this aroual report or	ed with this filing does not qualify supplemental annual report is true	tor the exemption state and the	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg	es. I further certify that the
Lars ae offe	cer or director of the corporation (	or the receiver or trustee empower or as attachment with an address.	red to execute this rep	ort as required by Chapter 607, Florida	Statutes; and that my name

Michael Jenkins 3/17/97