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

APPROVED AND FILED
95 JUN 20 PM 5:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V17193** **(6)**

1. Corporation Name
KLEEN KUT LAWN CARE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
115 HAZEL BLVD SANFORD FL 32773 US	115 HAZEL BLVD SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business 21 115 HAZEL BLVD	2a. Mailing Address 26 115 HAZEL BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SANFORD, FL	City & State 28 SANFORD, FL
Zip / Country 24 32773 / 25 SEMINOLE	Zip / Country 29 32773 / 30 SEMINOLE

4. FEI Number: 59-3106955 ☐ 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
ADAMS, ROBERT D. 115 HAZEL BLVD SANFORD FL 32773	81 Name: ROBERT D. ADAMS 82 Street Address (P.O. Box Number is Not Acceptable): 115 HAZEL BLVD 83 84 City: SANFORD FL 85 Zip Code: 32773

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: ROBERT D. ADAMS 4-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	ADAMS JR, THOMAS T	1.2 NAME	ROBERT D. ADAMS	
STREET ADDRESS	2584 SEDGEFIELD AVE	1.3 STREET ADDRESS	115 HAZEL BLVD	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DS	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	ADAMS, MARIAN P	2.2 NAME	DEBRA M. ADAMS	
STREET ADDRESS	2584 SEDEGFIELD AVE	2.3 STREET ADDRESS	115 HAZEL BLVD	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DV	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	ADAMS, ROBERT D.	3.2 NAME	THOMAS J. ADAMS, JR. N/A	
STREET ADDRESS	115 HAZEL BLVD	3.3 STREET ADDRESS	P.O. BOX 714	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	HIGHLANDS, NC 28741	
TITLE		4.1 TITLE	[redacted] SECRETARY	☑ Change ☐ Addition
NAME		4.2 NAME	MARIAN P. ADAMS N/A	
STREET ADDRESS		4.3 STREET ADDRESS	P.O. BOX 714	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HIGHLANDS, NC 28741	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SSI 6/20/95	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	$ REMITTED BY MAIL	
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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: ROBERT D. ADAMS (407) 324-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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