

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SUNNY - 1 74 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35693

(3)

1. Corporation Name

JOHN PALMER LAWN CARE, INC.

Principal Place of Business

2401 CIRCLE DRIVE
LAKELAND FL 33803

Mailing Address

2401 CIRCLE DRIVE
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1992

3a. Date of Last Report

04/29/1994

4. CEF Number

59-3118126

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Added to Fees

7. Does corporation have liability for nonpayment of taxes under

Florida Statutes

☐ Yes ☐ No

2. Principal Officer or Director

21

First Name

2a. Mailing Address

26

First Name

22

City & State

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

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City & State

9. Name and Address of Current Registered Agent

STOJKIC, T.J.
1517 COMMERCIAL PARK DR.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

W.C. Keith

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

83

LCS ACCOUNTING

84 City

1517 COMMERCIAL PARK DR.

85 Zip Code

LAKELAND, FLORIDA 33801 FL

11. Pursuant to the provisions of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address indicated below. If the corporation was authorized by the corporation's board of directors to hereby accept this appointment as registered agent, I am hereby authorized to sign this statement on behalf of the corporation.

SIGNATURE

[Signature]

12.

OFFICER, DIRECTOR, OR SHAREHOLDER

13.

APPROVED BY THE OFFICIALS OF THE CORPORATION

NAME

DP
PALMER, JOHN E.
2401 CIRCLE DRIVE
LAKELAND FL 33803

NAME

NAME

STREET ADDRESS

2401 CIRCLE DRIVE

STREET ADDRESS

STREET ADDRESS

CITY & STATE

LAKELAND FL 33803

CITY & STATE

CITY & STATE

NAME

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NAME

NAME

STREET ADDRESS

2401 CIRCLE DRIVE

STREET ADDRESS

STREET ADDRESS

CITY & STATE

LAKELAND FL 33803

CITY & STATE

CITY & STATE

NAME

PALMER, JAMES E.

NAME

NAME

STREET ADDRESS

2401 CIRCLE DRIVE

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STREET ADDRESS

CITY & STATE

LAKELAND FL 33803

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SIGNATURE: *[Signature]* *John Palmer President 5/1/95 813 686 0509*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

DOCUMENT # **V35694**

(1)

HAMM ELECTRIC, INC.

APPROVED
AND
FILED

50 MAY -1 11:31

THOMAS W. SCOTT, JR. DA

3131 W. XAVIER ROAD
AVON PARK FL 33825
US

3131 W. XAVIER ROAD
AVON PARK FL 33825
US

1. First Report to Secretary of State

3. Date of report (month/year)	3a. Date of last report
05/11/1992	02/04/1994
4. Filing number	Approved for Not Applicable
65-0333296	
5. Contribution of State, Federal	\$8.75 Additional Fee Required
6. Election campaign financing Trust Fund Contributions	\$5.00 May Be Added to Fees
7. Other contributions (including contributions for Florida activities)	☐ No ☒ Yes

2. Name of corporation	2a. Mailing Address
21. Date of report	26. Date of report
22. Date of report	27. Date of report
23. Date of report	28. Date of report
24. Date of report	29. Date of report
25. Date of report	30. Date of report

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMM, WILLIAM C., III
3131 WEST XAVIER ROAD
AVON PARK FL 33825

81. Name	
82. Street Address (P.O. Box acceptable, but acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report of the corporation for the year ending on the date of the report, and that the same has been filed with the Secretary of State for the purpose of changing its registered office or registered agent, and that the same has been filed with the Secretary of State for the purpose of changing its registered office or registered agent.

12. ADDITIONAL CHANGES TO CORP. INFO (SEE INSTRUCTIONS)	13. ADDITIONAL CHANGES TO CORP. INFO (SEE INSTRUCTIONS)
NAME PD HAMM, WILLIAM C., III 3131 W. XAVIER ROAD AVON PARK FL TSD HAMM, LAURA M. 3131 W. XAVIER ROAD AVON PARK FL	NAME PD HAMM, WILLIAM C., III 3131 W. XAVIER ROAD AVON PARK FL TSD HAMM, LAURA M. 3131 W. XAVIER ROAD AVON PARK FL

14. I, the undersigned, do hereby certify that the information required by this report is true and correct, and that the same has been filed with the Secretary of State for the purpose of changing its registered office or registered agent, and that the same has been filed with the Secretary of State for the purpose of changing its registered office or registered agent.

SIGNATURE: *Laura Hamm* Laura Hamm 4-30-95 813/452-5452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR