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 MAY -1 AM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39365 (4)

1. Corporation Name
C M LAWN SERVICE OF SARASOTA, INC.

Principal Place of Business	Mailing Address
823 LOCKLEAR AVE SARASOTA FL 34237 US	823 LOCKLEAR AVE SARASOTA FL 34237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1992	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0336345	☐ 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
7. This corporation files income or intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

8. Name and Address of Current Registered Agent

MILLER, CHARRAN J
1115 HINES AVE
SARASOTA FL 34239

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 607.0502 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 (Typed or printed name of registered agent and title if applicable) (Registered agent signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, CHARRAN J	1.2 NAME	
STREET ADDRESS	823 LOCKLEAR AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34237	1.4 CITY ST ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, KATHRYN	2.2 NAME	700001482877
STREET ADDRESS	823 LOCKLEAR AVE.	2.3 STREET ADDRESS	-05/10/95--01081--005
CITY ST ZIP	SARASOTA FL 34239	2.4 CITY ST ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	CH

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: Kathryn Miller KATHRYN MILLER 4-6-95 813-954-1625
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)

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