

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 AUG 21 PM 1:01

SECRETARY OF STATE

DOCUMENT # V41226 (4)  
1. Corporation Name  
J&G LAWN AND MANAGEMENT SERVICES, INC.

Principal Place of Business  
11690 WALSHINGHAM RD  
LARGO FL 34649  
US

Mailing Address  
PO BOX 1146  
LARGO FL 34649-146  
US

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

3. Date Incorporated or Qualified  
06/04/1992

3a. Date of Last Report  
06/23/1995

4. FEI Number  
59-3130369

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

RAYMONDS, JANE, CARIDEO  
11563 RIDGEWOOD CIR  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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: *Jan Carideo Raymonds* 8/15/96  
Signature type: *Jan Carideo Raymonds* (the Registered Agent signature is required when registering)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1. PVPT  
RAYMONDS, JANE C  
11563 RIDGEWOOD CIR  
SEMINOLE FL 34642

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2. S  
RAYMONDS, GEORGE  
2839 KAVALLIER DR  
PALM HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

000001931210  
-08/23/96--01087--015  
\*\*\*\*375.00 \*\*\*\*375.00

000001931210  
-08/23/96--01087--015  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jan Carideo Raymonds* 8/15/96 813-397-9242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR