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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V49358 (7)
1. Corporation Name
ACE LAWN CARE AND LANDSCAPING, INC.



Principal Place of Business Mailing Address
150 SHERWOOD AVE 150 SHERWOOD AVE
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937-3034

3. Date Incorporated or Qualified 07/08/1992
3a. Date of Last Report 01/30/1996
4. FEI Number 59-3244116 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 [X] Yes [] No

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

9. Name and Address of Current Registered Agent
HOGAN, JANNA L
150 SHERWOOD AVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name ACE HOGAN JR (HOGAN ACE JR.)
82 Street Address (P.O. Box Number is Not Acceptable) 501 RONNIE DR.
83 JORDAN HANBORN BRETT
84 City FL 85 Zip Code 32937

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 ACE HOGAN JR. DATE 5/1/97

Table with 5 rows and 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes HOGAN, JANNA L and HOGAN, ACE JR.

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14. I do hereby certify that the information supplied with this filing 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: [Signature] DATE: 5/1/97 DAYTIME PHONE #: 779-4523

CR2E034 (9/96)