## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49749

(7)

BLUE BIRD LAWN MAINTENANCE, INC.

appears in Block 12 or Block 13 if changed, or

SIGNATURE:

DLUE DI	ND LAYIN MAINTENANCE,	Inc.			,				
Principal Place of Business		Mailing Address	Mailing Address				<b>Blight Elithi</b> f	TION DIVI DIVI	
41706 THOMAS BOAT ROAD UMATILLA FL 32784		41708 THOMAS BOAT ROAD UMATILLA FL 32784-9703							
						3. Date incorporated or Qualified 07/06/1992	1 .	ate of Last R <b>01/1996</b>	teport
·····	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	# pte	Suite, Apt. #, etc.			<del> </del>	59-3133555			ot Applicable
22		27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23	e 	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	D Cour 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered	Agent	
KEO	UGH, TIMOTHY S.			81	Name				
131 TAV			82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
IAV	ARES FL 32778			83			·····		
		•		84	City		FL	<b>85</b> Ζιρ	Code
11. Pursuant office or ragent if a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flor	s, the at uthorized ida Stat	oove d by utes	e-named corp the corporat s.	poration submits this statement for the p tion's board of directors. I hereby acces	ourpose of of the app	f changing it xointment as	ts registered registered
SIGNATURE	Stgnature, typed or profed name of registered ag	ent and title if applicable. (NOTE	Registered	1 Age	ent signature requir	red when reinstating)	DATE	<del></del>	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	SD	DELETE	1.1 TO	1.1 TIFLE		<u> </u>		☐ Change	Addition
NAME	TUCKER, GEORGE V.		1.2 NA	ME					
STREET ADDRESS	11601 EM-EN-EL GROVE RD.		1.3 \$1	REET	ADDRESS				
CITY - ST - ZIF	LEESBURG FL		1,4 CI	TY - 5	ST-ZIP				
TITLE		☐ DELETE	1	2.1 TITLE				Change	Addition
NAME			2.2 N/						
STREET ADDRESS			•	2.3 STREET ADDRESS					
CITY - ST - ZIP		DELETE	2.4 C DELETE 3.1 T)		ST-ZIP			☐ Change	Addition
TOTALE NAME		C pertit	3.1 N				·	Onange	
STREET ADDRESS					ADDRESS				
City-S1-Zip					ST-ZIP				
TIFLE			4.1 76		31-211			Change	Addition
NAME		<del></del>	4. 2 N		]				
STREET ADDRESS					ADDRESS				
CRY-SI-ZP			I.		ST-ZIP				
TITLE		☐ DELETE	5.1 TI				·····	Change	Addition
NAME			52 N	AME					
STREET ADORESS			5351	REET	ADDRESS				
CHTY-ST-ZIP		1		4 CITY-ST-ZIP					
TITLE	DELE		6171					Change	Addition
NAME			6.2 N	AME					
STREET ADORESS			6.3 S1	REET	ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-S	ST - ZIP				
14. I do herel	by certify that the information supplied in indicated on this applied report of	ed with this filing does not qualify	for the	OXE	emption stated	d in Section 119.07(3)(i), Florida Statute	s. I furthe	or certify that	the
l am an o	flicer or director of the corporation e	the receiver of trastee empow	d to	3XBC	cute this repo	t my signature shall have the same lega rt as required by Chapter 607, Florida S	Statutes; &	and that my	name