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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

V59603

(3)

DOCUMENT # 1. Corporation Name TRUST LAWN & PEST CONTROL, INC.

Principal Place of Business Mailing Address									
								en eleit	21211 21211 01211 1031
8813 W ROI TAMPA FL (US		P.O. BOX 261495 TAMPA FL 33615 US							
•		00			3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995			l Report /1995	
2. Principal Place	ce of Business	2a. Mailing Address 26	—			4. FEI Number 59-3 14 1032			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	• •			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		15.60		Election Campaign Financing Trust Fund Contribution			.00 May Be Ided to Fees
Ζιρ 24	Country 25	Ζιρ 29	30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent	
54546			8	91	Name				
	worth, marybeth Frobson St.		1	32	Street Addre	Address (P.O. Box Number is Not Acceptable)			
	FL 33615		-	33					
			1	34	City	***************************************	FI.	85	Zip Code
44 Dure lant to	the equisions of Sections 607 0502 :	od 607 1509 Florida Statu	dee tog abou	L	and corpor	ation submits this statement for the purp			to receiptored office
SIGNATURE s	ngnature, typed or printed name of registered about a OFFICERS AND		Olt Registres A	gent i	Sojinal are required.	ADDITIONS/CHANGES TO OFFI	CATE CERS AND	DIREC	TOBS IN 12
TITLE	DP	☐ DELETE	1 1 7 (1)	1 TIFLE				Chang	ge 🔲 Addition
NAME	FARNSWORTH, MARYBETH		1.2 NAM	1 E					
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City -St - ZiP	TAMPA FL		1.4 CiTy	(-\$I-	- 216				
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NAME	FARNSWORTH, GEORGE		2.2 NAM	/E					!
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NAME			4 2 NAM				L	Johans	ic Propries
STREET ADDRESS					ADDRESS				
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NAME			5.2 NAM				-	-	
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CHTY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6 1 TIT.	.,				Chang	ge Add tion
NAME			6.2 NAM	AE.					
STREE! ACORESS			63 STAI	EET A	ADDRESS				
CITY - ST - ZIP	,		6.4 CITY	r-ST	- ZIP				
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SIGNATURE *

I do hereby certify that the information supplied with this filing is voluntarily furn-shed 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attacyment with an address.

| GNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR