

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 JUL -7 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65908** (8)

1. Corporation Name

PERFECT LAWNS OF TAMPA BAY, INC.

Principal Place of Business

6701 PALM RIVER RD
TAMPA FL 33619
US

Mailing Address

6701 PALM RIVER RD
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1992

3a. Date of Last Report

05/24/1994

4. FEI Number

59-3147931

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

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 11357 McMullen Rd.

2a. Mailing Address

26 11357 McMullen Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Riverview, FL

City & State

28 Riverview, FL

Zip

24 33569

Country

25 Hillsboro

Zip

29 33569

Country

30 Hillsboro

9. Name and Address of Current Registered Agent

MASSARO, BARBARA A
831 SUNRIDGE POINT DRIVE
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81

Name

Massaro, Barbara A.

82

Street Address (P.O. Box Number is Not Acceptable)

11357 McMullen Rd

83

84

City

Riverview

FL

85

Zip Code

33569

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PST
MASSARO, BARBARA A
6701 PALM RIVER RD
TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PST
Massaro, Barbara A.
11357 McMullen Rd.
Riverview, FL 33569

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

V
Massaro, Michael J
11357 McMullen Rd
Riverview, FL 33569

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(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 attachment with an address.

SIGNATURE:

Barbara A. Massaro

Barbara A. Massaro

Date

6/27/95

Signature 1 (size 8)