

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 10

DOCUMENT # **V66520** (0)

1. Corporation Name
R. J. & R. LAWN CARE, INC.

Principal Place of Business	Mailing Address
4611 S UNIVERSITY DR BOX 209 DAVIE FL 33328 US	4611 S UNIVERSITY DR BOX 209 DAVIE FL 33328 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/25/1992	3a. Date of Last Report 05/01/1994
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4. FEI Number 65-0358951	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
EGAN, ROBERT W. JR.
140 SW 97 TERRACE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name EGAN, Robert W. Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 5015 SW 105th Avenue
83
84 City Cooper City
85 Zip Code FL 33328

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, 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: Robert W. Egan DATE: 5/19/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	EGAN, RONALD
STREET ADDRESS	5807 HOOD ST
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	VP
NAME	PETRINO, JAMES
STREET ADDRESS	3540 BANKS RD
CITY - ST - ZIP	MARGATE FL
TITLE	ST
NAME	EGAN, ROBERT
STREET ADDRESS	140 SW 97 TERR
CITY - ST - ZIP	PEMBROKE PINES FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NO Longer an officer
23 STREET ADDRESS	with this company
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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: Robert Egan ST. + VP DATE: 5/19/95 305 963 2536