

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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BOX 209
DAVIE FL 33328
US

3. Date Incorporated or Qualified
09/25/1992

3a. Date of Last Report
05/25/1995

4. FEI Number
65-0358951

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. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

EGAN, ROBERT W. JR.
5015 SW 105TH AVENUE
COOPER CITY FL 33328

81 Name

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

83

84 City

FL

85 Zip Code

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 type: 1 = print, 2 = cursive, 3 = typed, 4 = not applicable

(The Registered Agent's signature required when listed form)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME
EGAN, RONALD
STREET ADDRESS
5807 HOOD ST
CITY-STATE-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

ST
NAME
EGAN, ROBERT
STREET ADDRESS
140 SW 97 TERR
CITY-STATE-ZIP
PEMBROKE PINES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-STATE-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 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 617, 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 7/22/96 9547637574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR