

19800000492

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98 MAY -4 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 789/746/749/747/671 _____
(Corporation Name) (Document #)
2. _____ (42) _____
(Corporation Name) (Document #) 500002485185--4
-04/10/98--01076--008
*****87.50 *****87.50
3. _____
(Corporation Name) (Document #)
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OK fid (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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198-492

1298-8953

Name	Availability
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 22, 1998

RICHARD M. BEAVER
AGRICARE
P.O. BOX 331044
ATLANTIC BEACH, FL 32233-1044

SUBJECT: AGRICARE (PART III OF APPLICATION INCOMPLETE)
Ref. Number: W98000008953

We have received your document for AGRICARE (PART III OF APPLICATION INCOMPLETE) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Class(es) (42) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (42).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 498A00021648

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

RICHARD M. BEAVER
AGRICARE
PO BOX 331044, ATLANTIC BEACH, FL
(904) 249 3614 32233-1044
Daytime Telephone number

PART I

1. (a) Applicant's name: AGRICARE, INC.

(b) Applicant's business address: 1877 MEALY ST
ATLANTIC BEACH FL 32233

(c) Applicant's telephone number: (904) 249 3614 ^{City/State/Zip}

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 998-34795 (2) Domicile State: _____

(3) Federal Employer Identification Number: APPLIED FOR

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

LANDSCAPE MANAGEMENT SERVICES

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

ALL OF THE ABOVE VEHICLES, EQUIPMENT

(Continued)

d) The class(es) in which goods or services fall:

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PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 4.1.98 (b) Date first used in Florida: 4.1.98

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

The logo is a green letter A with the word AgriCare underneath it.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " N/A " APART FROM THE MARK AS SHOWN.

I, Richard M. Beaver, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Richard M. BEAVER

Typed or printed name of applicant

Applicant's signature or authorized person's signature (List name and title)

STATE OF FLORIDA

COUNTY OF Duval

On this 9th day of April, 1998, Richard M. Beaver personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of

[Signature]

Notary Public Signature

(Seal)

Notary's Printed Name

My Commission Expires:



ARUNA'S GANDHI My Commission CC494584 Expires Sep. 11, 1999

FEE: \$87.50 per class

FILED 98 MAY -4 AM 10:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA



AgriCare

Richard M. Beaver
President

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