

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12388

**Entity Name:** LAWN MASTER, INC.**Current Principal Place of Business:**3200 JOHNSON AVE.  
PENSACOLA, FL 32514**Current Mailing Address:**PO BOX 15470  
PENSACOLA, FL 32514**FEI Number:** 59-2049647**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLIAMS, JOSEPH R JR  
3200 JOHNSON AVE.  
PENSACOLA, FL 32514 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	WILLIAMS, JOSEPH RJR
Address	1705 BAKALANE AVE
City-State-Zip:	PENSACOLA FL 32504

Title	VPD
Name	WILLIAMS, SCOTT B
Address	3305 WHITELEAF CIR
City-State-Zip:	PENSACOLA FL 32504

Title	VPD
Name	WILLIAMS, JEFFREY L
Address	750 WOODBINE DR
City-State-Zip:	PENSACOLA FL 32503

Title	ST
Name	WILLIAMS, MARGARET E
Address	1705 BAKALANE AVE
City-State-Zip:	PENSACOLA FL 32504

Title	VPD
Name	WILLIAMS, ANDREW L
Address	3485 LEMMINGTON RD.
City-State-Zip:	PENSACOLA FL 32504

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT WILLIAMS

VP

02/09/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date