

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000019426

**Entity Name:** MICHAEL WHITE FOUR SEASONS LAWN CARE, INC.

**Current Principal Place of Business:**

410 LAUREL PARK PLACE  
SEFFNER, FL 33584

**Current Mailing Address:**

PO BOX 47255  
TAMPA, FL 33646

**FEI Number:** 20-2341556

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, MICHAEL V  
410 LAUREL PARK PLACE  
SEFFNER, FL 33584 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 P  
Name WHITE, MICHAEL V  
Address 410 LAUREL PARK PLACE  
City-State-Zip: SEFFNER FL 33584

*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:** MICHAEL V WHITE

**PRESIDENT**

**03/11/2016**

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

\_\_\_\_\_  
Date