## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J22862**

1. Corporation Name

BOB COGGIN LAWN MAINTENANCE, INC.

Principal Place	e of Business	Mailing Address						
11300 WOODCH	HUCK LANE	11300 WOODCHUCK LANE			'			ė
BOCA RATON I		BOCA RATON FL 33428			1			
US		US			DO NO	T WRITE IN THIS	SPACE	
					<ol><li>Date incorporated or C</li></ol>	ualifed		
					07/08/1986			
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
<del></del>		<b>⊢</b>			59-2826887			ot Applicable
21		26 Suite Ast # oto			33 2020007			Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status De	sired 🗌	¥ +	equired
22		27			<u> </u>	···		
City & State		City & State			<ol><li>Election Campaign Fin</li></ol>	ancing		May Be
23		28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Country	, "	8. This corporation owes	the current year In	tangible	,
24	25	29 30	7		Personal Property Tax.		Yes	XINo Ì
24	9. Name and Address of Current		<u>'</u>		10. Name and Address o	New Registered	Agent	
	3. Hame and reduced of Carrent		81	Name				
വര	GIN, BOB							
			82	Street Ad	Idress (P.O. Box Number is Not	Acceptable)		
	00 WOODCHUCK LANE							
BOC	CA RATON FL 33428		83					1
			<u> </u>				11 =	
			84	City	•	FL	85 Zip	Code
				L			e ]	registered
-11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes, of Florida, Such change was suth	the abov	e-named co	proporation submits this statement ation's board of directors. I hereb	v accept the appo	intment as re	egistered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes	6,		,		·
					•			
SIGNATURE	Signature, typed or printed name of registered agent	A STATE OF THE PARTY OF THE PAR		1 -1	ired when reinstating)	DATE		
		tano uue irappiicable. (NOTE. Re	gisierea Agei	ut gibuainie tedn	THE POT MINDLE LONG TOTAL DESIGNATION OF THE POT MINDLE			
			gistered Agei	nt signature requ	ADDITIONS/CHANGES		ND DIRECTO	ORS IN 12
12.	OFFICERS AN			nt signature requ			ND DIRECTO	ORS IN 12
<b>12.</b> ππ.ε - 3	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	nt signature redu				
12.	PD COGGIN, BOB	D DIRECTORS	13. 1.1 TITLE 1.2 NAME					
<b>12.</b> ππ.ε - 3	OFFICERS AN PD COGGIN, BOB 11300 WOODCHUCK LN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS				
12.	OFFICERS AN PD COGGIN, BOB 11300 WOODCHUCK LN BOCA RATON FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS			☐ Change	☐ Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

3-17-99 561-477-6628

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90063 027 \*\*\*150.00