

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

FILED

Jun 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. McManus
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071440

1. Corporation Name

First Coast Lawn Service, Inc.
1644 6th Avenue North
Jacksonville Beach, FL 32250

Principal Place of Business

Mailing Address

1644 6th Avenue North
Jacksonville Beach, FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 13, 1995

4. FEI Number

62-1640459

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1644 6th Avenue North

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville Beach, FL

28

Zip

Country

Zip

Country

24 32250

25 Duval

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John S. Dugg VI
Suite 1600
200 West Forsyth Street
Jacksonville, FL 32201

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 typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE Director
NAME James T. Kinchen III
STREET ADDRESS 1521 6th Avenue North
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE Director
NAME Kathy Jan Kinsey
STREET ADDRESS 1644 6th Avenue North
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE Director
NAME Mitchell E. Kinsey
STREET ADDRESS 1644 6th Avenue North
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

600002576846

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***150.00

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.

SIGNATURE:

Kathy Jan Kinsey

Kathy Jan Kinsey 4/27/98

1-800-780-7007

CR2E034 (10/97)