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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000074924

1. Corporation Name
LAMBERT'S LAWN PRO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1714 WESTACRE DR.
 ST. CLOUD FL 34769

Mailing Address
 P O BOX 663
 ST. CLOUD FL 34770-663
 US

3. Date incorporated or Qualified
09/05/1996

4. FEI Number
59-3395417

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **1575 EASTERN AVE.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **P.O. BOX 700607**
 Suite, Apt. #, etc.

23 **ST. CLOUD FL**
 City & State

28 **ST. CLOUD, FL.**
 City & State

24 **34770-0607** 25 **U.S.**
 Zip Country

29 **34770-0607** 30 **U.S.**
 Zip Country

9. Name and Address of Current Registered Agent
LAMBERT, GEORGE
 1714 WESTACRE DR.
 ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name **RICHARD CALIFANO**

82 Street Address (P.O. Box Number is Not Acceptable)
1575 EASTERN AVE.

83

84 City **ST. CLOUD** FL 85 Zip Code **34769**

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 *Richard E. Califano* **RICHARD E. CALIFANO** **3/31/99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D LAMBERT, GEORGE**

STREET ADDRESS **1714 WESTACRE DR.**

CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE DELETE

NAME **S LAMBERT, MARLENE**

STREET ADDRESS **1714 W ACRE DR**

CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **D LAMBERT, GEORGE**

1.3 STREET ADDRESS **1575 EASTERN AVE.**

1.4 CITY-ST-ZIP **ST. CLOUD, FL. 34769**

2.1 TITLE Change Addition

2.2 NAME **S LAMBERT, MARLENE**

2.3 STREET ADDRESS **1575 EASTERN AVE.**

2.4 CITY-ST-ZIP **ST. CLOUD, FL. 34769**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *George E. Lambert* **GEORGE E. LAMBERT** **3/31/99**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)