

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90017 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075580
 1. Corporation Name
LEO JR. LAWN AND IRRIGATION SERVICES, INC.



Principal Place of Business 3612 BAYSHORE DR. NAPLES FL 34112	Mailing Address 3612 BAYSHORE DR. NAPLES FL 34112
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/09/1996

2. Principal Place of Business 21 4730 15th Ave SW Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 990328 Suite, Apt. #, etc.
22	27
23 City & State Naples FL	28 City & State Naples FL
24 Zip 34116	25 Country Collier
29 Zip 34116-6063	Country Collier

4. FEI Number 59-3397513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HERRERA, JESUS H
3612 BAYSHORE DR.
NAPLES FL 34112

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVDT <input type="checkbox"/> DELETE
NAME	HERRERA, JESUS H
STREET ADDRESS	4730 15TH AVE SW
CITY-ST-ZIP	NAPLES FL 34116
TITLE	SD <input type="checkbox"/> DELETE
NAME	HERRERA, MICHELLE R
STREET ADDRESS	4730 15TH AVE SW
CITY-ST-ZIP	NAPLES FL 34116
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michelle R Herrera SECRETARY Date: 4/14/99 Daytime Phone #: 941-455-6904

CR2E034 (11/98)