## 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 # P97000000702

1. Corporation Name

LAWN AID, INC.

Principal Place	of Business	Mailing Address			( 1621/00/ (10 181/) 100/) 40// 40// 40// 40//	17 48111 18811 81	)(10 1181 1E01
		5334 PROVOST AVENUE HOLIDAY FL 34690			DO NOT WRITE IN THIS SI	PACE	
					3. Date Incorporated or Qualifed 01/03/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
26		26			59-3423291	<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>⊢</b> ¬		5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Req	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 N	<del> </del>
23	<del>-</del>	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intan		_
24	25	29 30	D	<del>-</del>	1 breattain report) 7 250		□No
	9. Name and Address of Curre	nt Registered Agent		4 1 1 2	10. Name and Address of New Registered Ag	jent	
AME	RILAWYER CHARTERED		81	Name /	LARK W. MURRAY		
343 ALMERIA AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83	3	(221/ 0 . 4 ) 10		
					334 PROVOST Ave.	85 Zip Co	ode
			84	1 ´ A	VOLIDAY FL	34	690
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	, the abov	ve-named corp	poration submits this statement for the purpose of ch	nanging its r	egistered istered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and account the oblig:	ations of, Section 607.0505, Florid	a Statute	y ine corporations.	ion's board of directors. I hereby accept the appoint	none as rog	0.0100
SIGNATURE	D MAKE W	WILLIAM	Me	www.	·		
SIGNATORE	Signature typed or printed name of registered and		_	ent signature require		DIDECTOL	2C IN 12
12.		ND DIRECTORS DELETE	13.	—————	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	PTD Murray, Mark W		1.2 NAME				_
NAME	5334 PROVOST AVENUE		1	ET ADORESS			
STREET ADDRESS	HOLIDAY FL 34690		1.4 CITY-				
CITY-ST-ZIP	VSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	VAUGHN, TARRY L	<u>-</u>	2.2 NAME	ľ			ĺ
STREET ADDRESS:	5334 PROVOST AVENUE		_	ET ADORESS	ı	•	
CITY-ST-ZIP	HOLIDAY FL 34690		2. 4 CITY-			en en armen	
TITLE	THE GIBTUTE OF THE CONTROL OF THE CO	☐ OELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	<u>:</u>			l
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	Ē			
STREET ADDRESS			4.3 STREE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				□ a della:
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
OTDEET ADODESS			■ 6.3 STRE	ET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90054 036 \*\*\*150.00

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