

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90197 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000095679

1. Corporation Name
SUNSHINE STATE LAWN CARE, INC.



Principal Place of Business
 13366 KETRIDGE AVENUE
 PORT CHARLOTTE FL 33953

Mailing Address
 13366 KETRIDGE AVENUE
 PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1997

4. FEI Number **65-0794094** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

2a. Mailing Address

21 **5469 Kempson Lane**
 Suite, Apt. #, etc.

26 **P.O. Box 27213**
 Suite, Apt. #, etc.

23 **Port Charlotte FL**
 City & State
 Zip **33981** Country **USA**

28 **El Jobean, FL**
 City & State
 Zip **33927** Country **USA**

9. Name and Address of Current Registered Agent

FISCHER, C. MICHAEL ESQ
 2800 PLACIDA ROAD
 SUITE 112
 ENGLEWOOD FL 34224

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

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 **D** DELETE
 NAME **THOMPSON, HAROLD V**
 STREET ADDRESS **13366 KETRIDGE AVENUE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **P/m Jeffrey D. Kittredge**
 1.3 STREET ADDRESS **5469 Kempson Lane**
 1.4 CITY-ST-ZIP **Port Charlotte, FL 33981**

2.1 TITLE **V/T/S** Change Addition
 2.2 NAME **Denise I. Kittredge**
 2.3 STREET ADDRESS **5469 Kempson Lane**
 2.4 CITY-ST-ZIP **Port Charlotte, FL 33931**

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 **(941)698-5066**
 Date Daytime Phone #

CR2E034 (11/98)

05/05/1999