

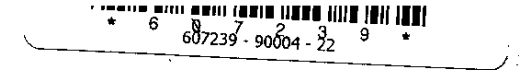
**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90040 043 \*\*\*150.00

CORPORATION ANNUAL REPORT 1999  
  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000091451 OK  
 1. Corporation Name  
A & A HANDYMAN & LAWN SERVICE, INC.

Principal Place of Business Mailing Address  
8608 SAND PINE DR. 8608 SAND PINE DR.  
NAVARRE FL 32566 NAVARRE FL 32566



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
10/26/98

21. Principal Place of Business	2n. Mailing Address	4. FEI Number	Applied For
<u>21</u>	<u>26</u>	<u>59-3548174</u>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u>22</u>	<u>27</u>	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u>23</u>	<u>28</u>	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>24</u>	<u>29</u>	<u>30</u>	

9. Name and Address of Current Registered Agent  
MARVIN E. PITTMAN  
3650 BOB TOLBERT RD  
NAVARRE FL 32566

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
FL

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 Marvin Pittman DATE 7-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D P WAYNE HALL</u>	1.2 NAME	
STREET ADDRESS	<u>8608 SAND PINE DR.</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>NAVARRE FL 32566</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D VP CHERI ESPOSITO</u>	2.2 NAME	
STREET ADDRESS	<u>6757 LIBERTY ST.</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>NAVARRE FL 32566</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D ST KATHY HALL</u>	3.2 NAME	
STREET ADDRESS	<u>8608 SAND PINE DR.</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>NAVARRE FL 32566</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Wayne Hall DATE 4/29/99  
 WAYNE HALL