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 # **P93000035005**

1. Corporation Name TATE'S LAWN SERVICE, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90015 014 ***150.00



						CHINE BILLI BRICH	Miktika dişar adılışı	ľ
Principal Place of Business Mailing Address								
705 W. GARDEN STREET PENSACOLA FL 32501		705 W. GARDEN STREET PENSACOLA FL 32501		DO NOT WRITE IN THIS	SPACE			
, }	,				3. Date Incorporated or Qualifed 05/07/1993	<u> </u>		j
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For			١.
	PETTY DRIVE	26 211 PETTY DRIVE			59-3185509	N	ot Applicable	;
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	l	
22				5. Certificate of Status Desired	Fee R	equired	_	
City & State		- City &: State			6. Election Campaign Financing		May Be	
23 CANTONMENT, FL		28 CANTONMENT, FL		Trust Fund Contribution	Added	to Fees	'	
Zip Country		Zip Country		8. This corporation owes the current year In				
24 3253.		29 32533 30			Personal Property Tax.	X Yes	□No	
9. Name and Address of Current Registered Agent				1 44	10. Name and Address of New Registered	Agent		
TATE	, PAUL R		81	Name				
l .	W. GARDEN ST.		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	SACOLA FL 32501							1
FEIN	SACOLA PL 32301		83	1				
			84	City	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named соп	poration submits this statement for the purpose of	changing its	s registered	1
l office or a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autho	onzea ov	the corporati	on's board of directors. I hereby accept the appor	ntment as re	egisterea	
SIGNATURE					ed when reinstating) DATE			۔ ا
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	nt signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	ê
TITLE	OP OF THE PROPERTY OF THE PROP	□ DELETE	1.1 TITLE			☐ Change		1
NAME	TATE, PAUL R		1.2 NAME					3
STREET ADDRESS				T ADDRESS				8
! _	PENSACOLA FL		1.4 CITY-5					ľ
CITY-ST-ZIP	V		2.1 TITLE	11-ZIF		X Change	Addition	\ {
NAME	BEGHTEL, RAYMOND W.	<u> </u>	2.2 NAME			-		
1	A			TADORESS 2	211 PETTY DRIVE			
STREET ADDRESS	CANTONMENT FL 32533		2. 4 CITY-					
CITY-ST-ZIP			3.1.TITLE	31-21	CANTONMENT, FL_32533	☐ Change	Addition	١
NAME			3.2 NAME					
STREET ADDRESS		,		T ADDRESS				1
' ' '			3.4. CITY-]
CITY-ST-ZIP	-	☐ DELETE	4.1 TITLE	., <u></u>		Change	☐ Addition	1
NAME		_ ` ` `	4. 2 NAME					
				T ADDRESS				1
STREET ADDRESS			4.4 CITY-5					}
CITY-ST-ZIP		DELETE	5.1 TITLE	71-2IF	<u> </u>	Change	Addition	1
NAME		<u></u> /-	5.2 NAME	1			_	
				TADDRESS				
STREET ADDRESS	1		5.4 CITY-5	'				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	☐ Addition	1
			6.2 NAME			_ •	_	
NAME	<u> </u>			T ADDRESS				
STREET ADDRESS]		6.4 CITY-					
CITY OF 71D	1		V.7 VIII 1^4	, ut				

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 eport 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: .