## 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 # 462551**

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90222 011 \*\*\*150.00

1. Corporation	OOD MOWERS, INC.					######################################	
Principal Place	a of Business	Mailing Address				IIBII AIAII BIBII AIAII	81811 01811 1881
3776 NORTH ACCESS ROAD 3776 NORTH ACCESS ROAD			)				
ENGLEWOOD FL 34224 ENGLEWOOD FL 34224					DO MOT WRITE IN	THE OD . OF	
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 10/02/1974		
2. Principal Pl	Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For
21	26				<u>59-1549197</u>		ot Applicable
$\neg$	e, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip	Country Zip C		Coun	ntry	This corporation owes the current year     Personal Property Tax.	ar Intangible □Yes	□No
24	9. Name and Address of Curren		30		10. Name and Address of New Registe		
	J. Halle alla Address of Curren	t Hogistorou Agori		81 Name			
	S, DERMOTT		ļ.	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
3776 NORTH ACCESS RD ENGLEWOOD FL 34224			-	83		····	
			L				
•	•			84 City		FL!	Code
agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation.	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Floridations.	s, the ab thorized da Statul	ove-named corp by the corporati tes.	poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: F	Registered A	Agent signature require	ed when reinstating) DA*	TE.	——— ļ,
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
πιε	PD	☐ DELETE	1.1 TITL	E,		☐ Change	☐ Addition
NAME		1.T		ME			-
STREET ADORESS			1.2 NAM	- 1			1.5
	3776 NUMIN ACCESS HUAD			REET ADDRESS			
CITY-ST-ZiP	ENGLEWOOD FL		1.3 STR 1.4 CIT	REET ADDRESS Y-ST-ZIP			
CITY-ST-ZIP TITLE	ENGLEWOOD FL SD	☐ DELETE	1.3 STR	REET ADDRESS Y-ST-ZIP		☐ Change	Addition
	ENGLEWOOD FL SD LILLIS, DOROTHY	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition
TITLE	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENGLEWOOD FL SD LILLIS, DOROTHY	<u> </u>	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	<u> </u>	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	REET ADDRESS Y-ST-ZIP  ME REET ADDRESS Y-ST-ZIP  LE ME			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	<u> </u>	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	☐ DELETE	1.3 STR 1.4 CIT 2.1 FITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	REET ADDRESS Y-ST-ZIP  E ME REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS Y-ST-ZIP		☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME		☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SD LILLIS, DOROTHY 3776 NORTH ACCESS RD	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.2 NAA 3.3 STR 3.4 CIT 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 5.2 NAA 5.3 STR 5.4 CIT	REET ADDRESS Y-ST-ZIP  LE ME REET ADDRESS		Change	Addition Addition

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:

SEE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

4-24-99

941-475-075

Daytime Phone

2E034 (11/98)