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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 644088

DANNY TWO LAWN SERVICE, INC

250 KEY HONEY LANE

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90007 042 ***158.75



Principal Place of Business Mailing Address 250 KEY HONEY LANE TAVERNIER FL 33070 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/05/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 59-1951912 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes the current year Intangole
 Personal Property Tax.

Yes Zip ППо 30 29 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REICH, DANIEL J. 82 Street Address (P.O. Box Number is Not Acceptable) 250 KEY HONEY LN **TAVERNIER FL 33070** 83 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE REICH, DANIEL J. 1.2 NAME NAME 250 KEY HONEY LN. 1.3 STREET ADDRESS STREET ADDRESS **TAVERNIER FL 33070** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE REICH, SUE T. 2.2 NAME NAME 250 KEY HONEY LN. STREET ADDRESS 2.3 STREET ADDRESS TAVERNIER FL 33070 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME: 18 3 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition T∤TI F 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZiP CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE □ DELETE Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)