

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90039 040 \*\*\*150.00

0069499

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # F96000005544**

1. Corporation Name  
**EMERALD GREEN LAWN CARE, INC.**



Principal Place of Business 110 STATE ROAD 419 SUITE 108 WINTER SPRINGS FL 32708	Mailing Address 110 STATE ROAD 419 SUITE 108 WINTER SPRINGS FL 32708
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	26 <b>5497 MILL BROOK WAY</b>	27 Suite, Apt. #, etc.	28 <b>PALM HARBOR FL</b>	29 Zip <b>34685</b>
23 City & State	24 Zip	25 Country	30 <b>USA</b>	4. FEI Number <b>59-3398753</b>	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent <b>MCINTOSH, EVAN 22055 US 19 NORTH CLEARWATER FL 33765</b>			10. Name and Address of New Registered Agent 81 Name <b>EVAN MCINTOSH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2522 SADDLEBROOK LANE</b> 83 84 City <b>PALM HARBOR</b> FL 85 Zip Code <b>34685</b>		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GUY, PATRICK K				
STREET ADDRESS	5496 MILL BROOKS WAY				
CITY-ST-ZIP	PALM HARBOR FL 34685				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MCINTOSH, EVAN				
STREET ADDRESS	2522 SADDLEBROOK LN.				
CITY-ST-ZIP	PALM HARBOR FL 34685				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	JACKSON, GERALD				
STREET ADDRESS	110 STATE ROAD 419, #108				
CITY-ST-ZIP	WINTER SPRINGS FL 32708				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 registered 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:  **PAKED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/99** **727-943-8033**

Date Daytime Phone #

CR2E034 (11/98)