

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90080 049 ***150.00

DOCUMENT # G46691

1. Corporation Name

DALE'S LAWN SERVICE, INC.

Principal Place of Business

1340 TENBY WY
PALM HARBOR FL 34683
US

Mailing Address

1340 TENBY WY
PALM HARBOR FL 34683
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1983

4. FEI Number

59-2315818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 74 Gulfwinds Dr

2a. Mailing Address

26 74 Gulfwinds Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL

Zip

24 34683

Country

25 Pinellas

Zip

29 34683

Country

30 Pinellas

9. Name and Address of Current Registered Agent

MILLER, DALE
1340 TENBY WY
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 Miller, Dale L.
83 74 Gulfwinds Dr.

84 City Palm Harbor

FL

85 Zip Code

34683

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

Dale Miller

Owner - President

4-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MILLER, DALE L.
STREET ADDRESS 1225 RIDGEGROVE DR. S.
CITY-ST-ZIP PALM HARBOR, FL. 00000

TITLE STD ☐ DELETE

NAME MILLER, JUDITH A.
STREET ADDRESS 1340 TENBY WY
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Miller, Dale L.
1.3 STREET ADDRESS 74 Gulfwinds Dr.
1.4 CITY-ST-ZIP Palm Harbor, FL 34683

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME Miller, Judith A.
2.3 STREET ADDRESS 74 Gulfwinds Dr.
2.4 CITY-ST-ZIP Palm Harbor, FL 34683

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Judith A. Miller

4-13-99

727-934-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)