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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 74 Gulfwinds Dr Suite, Apt. #, etc.	2a. Mailing Address 26 74 Gulfwinds Dr Suite, Apt. #, etc.
22 City & State 23 Palm Harbor FL	27 City & State 28 Palm Harbor FL
24 Zip 34683 25 Country Pinellas	29 Zip 34683 30 Country Pinellas

3. Date Incorporated or Qualified 06/27/1983	4. FEI Number 59-2315818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 Miller Dale L.
 82 Street Address (P.O. Bdx Number is Not Acceptable) 74 Gulfwinds Dr.
 83
 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 DATE 4-13-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MILLER, DALE L.	DELETED <input type="checkbox"/>
STREET ADDRESS 1225 RIDGEGROVE DR. S.	CITY-ST-ZIP PALM HARBOR, FL. 00000	
TITLE STD	NAME MILLER, JUDITH A.	DELETED <input type="checkbox"/>
STREET ADDRESS 1340 TENBY WY	CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME Miller, Dale L.	1.3 STREET ADDRESS 74 Gulfwinds Dr.	1.4 CITY-ST-ZIP Palm Harbor, FL 34683	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE STD	2.2 NAME Miller, Judith A.	2.3 STREET ADDRESS 74 Gulfwinds Dr.	2.4 CITY-ST-ZIP Palm Harbor, FL 34683	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 (Judith A. Miller) 4-13-99 727-934-7344
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)