05-04-1999 90154 020 ***150.00

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	#	G63499
1. Corporation Name		GCC 100

Corporation	RN LAWN & HOME, INC.)				
Principal Place	of Business	Mailing Address				- I I MAITIT ABIA BLIAN SILIL AIDIA IBEA IDII ALDIK BERLI DIDII ALDIS DIDIL ALBEL IDDI
1227 ROYAL O	AK DR	1227 ROYAL OAK DR P O BOX 1361 DUNEDIN FL 34697 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/04/1983
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21	ace of Eddinoss	26				59-2427598 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8.75 Additional
22		27 ~ .	-			5. Certificate of Status Desired Fee Required -
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip —	Country	Zip	Cou	ntry	•	8. This corporation owes the current year Intangible Personal Property Tax.
24	25 9. Name and Address of Currer	29	30			Personal Property Tax. LIYes ZNo 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Kegistered Agent		81	Name	IV. Haile and Address of Now Registered Agent
605	ida, joel d. esg. 75th ave. Petersburg beach fl 33706			82 83	Street Ad	ldress (P.O. Box Number is Not Acceptable)
	•				ļ	
				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized	l hv	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			Agen	nt signature requ	pred when reinstating) DATE ADDITIONAL CONTROL TO ADDITIONAL CONTROL OF THE CON
12.		ID DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP Bateman, Michael J	C) pereie	1.1 TI			□ ontaings □ national
NAME	1227 ROYAR OAK DR			1.2 NAME		
STREET ADDRESS	DUNEDIN, FL 00000			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DVP	☐ DELETE	2.1 TI		1-ZIP	☐ Change ☐ Addition
NAME	BATEMAN, LINDA A.		2.2 N			
STREET ADDRESS	1227 ROYAL OAK DR.		1		TADDRESS	
CITY-ST-ZIP	DUNEDIN FL	· · · · · · · · · · · · · · · · · · ·			ST-ZIP	, ** · · · ·
TITLE		☐ DELETE	3.1 TC		,, <u> </u>	☐ Change ☐ Addition
NAME			3.2 N	ME		
STREET ADDRESS			3.3 \$1	REET	TADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change ☐ Addition
NAME:			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	TADDRESS	
CITY-ST-ZIP			4.4 CI	TY-S	T- ZIP	4-6
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME ,	•	•	5.2 N/			•
STREET ADDRESS					TADDRESS	·
CITY-ST-ZIP		<u> </u>			T-ZIP	
TITLE	•	☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME			6.2 N/	WE	1	

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. T. BATEMON

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS TO STATE OF THE STREET ADORESS TO STATE OF THE STREET ADORESS TO STREET ADDRESS TO STRE

MED SIGNING OFFICER OR DIRECTOR

727

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