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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED	
May 11 1998 8:00am	1
Secretary of State	

DOCU						
	IMENT # H5194	41 (3)				
ZERG	OTT LAWN SERVICE, INC.					
				I DERKEN DIEN BILDE NACH BERIN BIEGE IN DER GERING	DJĀJU BYÐU ÐUÐU ÐA	DY ALAN MAN
•	ce of Business	Malling Address				
ZERGOTT. 6 713 SE 44T		ZERGOTT, BRUCE, C. 713 SE 44TH STR				
CAPE CORA		CAPE CORAL FL 33904		DO NOT WRITE IN TH	IS SPACE	
US		US		3. Date Incorporated or Qualified		
A Dissipal	Diagonal Duniana	La. Mallian Address		04/12/1985		
2. Principal l	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2581168		pplied For at Applicable
Suite, Apt	. W, etc.	Suite, Apt. #, etc.	····			Additional
22		27		5. Certificate of Status Desired		equired
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	1 0	Trust Fund Contribution		to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the		tangible □ No
24	g. Name and Address of Curre	29 29 Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registers		
71	ERGOTT, BRUCE C.		81 Name			
	13 S.E. 44TH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	APE CORAL FL 33904		Silver Aut	uleas (F.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zp	Code
					'L	
11, Pursuani office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statu te of Florida, Such change was	ites, the above-named co	rporation submits this statement for the purpose	e of changing it	ts registered
		c of Florida, buch change was	authorized by the corpora	ation's board of directors. I hereby accept the a	appointment as	registered
•		gations of Section 607,0505, F	authorized by the corpora lorida Statutes	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as	registered
agent. I	·					registered
•	Signature, typed or printed name of registered a		authorized by the corpora forida Statutes. TE Registered Agent algorature req. 13.			
SIGNATURE	Signature, typed or printed name of registered a OFF ICERS AI	gent and title if applicable (NO	TE: Registered Agent algoature req	ruited when reinstating) DAT		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFF ICERS AT PD ZERGOTT, BRUCE C.	geni and title if applicable (NO ND DIRECTORS	TE Registered Agent algoriture req 13. 1.1 TITLE 1.2 NAME	ruited when reinstating) DAT	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AT PD ZERGOTT, BRUCE C. 9350 LENNEX LANE #807	geni and title if applicable (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ruited when reinstating) DAT	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT PD ZERGOTT, BRUCE C. 9350 LENNEX LANE #807 FT. MYERS FL	gent and title if applicable (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ruited when reinstating) DAT	E ND DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AT PD ZERGOTT, BRUCE C. 9350 LENNEX LANE #807 FT. MYERS FL	geni and title if applicable (NO ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ruited when reinstating) DAT	ND DIRECTOR	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ZERGOTT, BRUCE C. 9350 LENNEX LANE #807 FT. MYERS FL VD ZERGOTT, WILLIAM R. 29857 LORAIN ROAD	gent and title if applicable (NO ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ruited when reinstating) DAT	E ND DIRECTOR Change	RS IN 12
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14. Thereby certify that the Information supplied with this filling 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 affect 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.

SIGNATURE: Bruce Cu

4-30-98

941-945-3724