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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J07869

TRI-STAR LAWN SERVICE, INC.

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

02-03-1999 90029 019 ***150.00



Principal Place of	of Business	Mailing Address						
		8632 LONESOME PINE TRL.			ļ			
8632 LONESOME PINE TRL. FT. PIERCE FL 34945		FT, PIERCE FL 34945		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
	,							ļ
					04/07/1986 4. FEI Number		Appli	ed For
2. Principal Pla	ce of Business	2a. Mailing Address					<u> </u>	Applicable 3
\neg	33 3. 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	26		·	59-2636666	<u> </u>	8.75 Ad	ditional S
Suite, Apt. #	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Requ	
_	, etc.	27				; , -		
22 Charle Stelle		City & State		6. Election Campaign Financing		\$5.00 M Added to	-	
City & State				Trust Fund Contribution			1000	
Zio Country		Zip Country		8. This corporation owes the curr	ent year Intang	nble ∐Yes []No	
Zip		29 30	1		Personal Property Tax.			1140
24	9. Name and Address of Current		-		10. Name and Address of New I	Registered Age	ent	
	9. Name and Address of Current	registores (g	81	Name	•			
5.1.6				O1 -4 8 Hel	ress (P.O. Box Number is Not Accept	able)		
	ER, THOMAS		82	Street Add	ress (P.O. Box Number is Net / test)		<u>.,, .,. :</u>	
	LONESOME PINE TRL		83	ļ		理問報發	網點開業	
j , FT.P	MERCE FL 34945			1	(4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	((\$ 1 \$11 \$1\$) 218) 	85 Zip Ci	25 (12) (58)
			84		16 tot 1 6 gr 150, 1 5 gr 45.5	FI		*
•				<u></u>	poration submits this statement for the ion's board of directors. I hereby acce	nurpose of ch	anging its r	egistered
11 Direuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	/e-named corp / the comorat	poration submits this statement for the ion's board of directors. I hereby acce	pt the appointr	nent as reg	istered
office or re	egistered agent, or both, in the State of manification of the obligation of the obli	of Florida. Such change was auth ions of Section 607.0505, Florida	Statute	S.				Ì
agent. I a	m familiar with, and accept the obligat					DATE		
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: Re	gistered Age	ent signature requir	ADDITIONS/CHANGES TO O	DAIE AND	DIRECTO	RS IN 12
	OFFICERS AN	D DIRECTORS	13.			FICENS AND	Change	Addition
12.		☐ DELETE	1.1 TITLE			· · ·		_
TITLE	D DALIE		1.2 NAME	:				1
NAME	WHITAKER, PAUL	•	1.3 STRE	ET ADDRESS	* *			
STREET ADDRESS	10645 PINE CONE		1.4 CITY-	Į	·			
CITY-ST-ZIP	FT PIERCE FL 34945	☐ DELETE	2.1 TITLE				Change	Addition
TITLE	DV	- Deceie	2.2 NAME		144			Ì
NAME	BALCER, THOMAS		1	1				Ì
STREET ADDRESS	8632 LONESOME PINE TRL.			ET ADDRESS		•		
CITY-ST-ZIP	FT. PIERCE FL	·	2. 4 CITY			· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	The state of the s	DELETE	3.1 TITLE			•		
(3.5)	178、95 、75、日本		3.2 NAM	1				, , , , , , , , ,
NAME	ALMERICAN TO		3.3 STRE	EET ADDRESS	1. 1. 1. 1. 1. 1. 1. 4. 4. 4.	公司的特别的		編/編制
STREET ADDRESS	11.20% S 34.5		3.4. CITY	r-ST-ZIP	1 2 3 3 3		Change:	Addition
CITY-ST-ZIP		☐ DELETE	4.1 TITL	E	1. 人名英格兰	, files et a desire a	[:] Change:	2 11 Ed Stronger
TITLE			4. 2 NAN	AE .				}
NAME	grant to the contract of the c	With the state of	4.3 STR	EET ADDRESS				ļ
STREET ADDRES	S · ·	ny i traffic to i		/-ST-ZIP				
CITY-ST-ZIP_								
CITI-OT-E							Change	☐ Addition
mLE		DELETE	5.1 TITL	E	W 123		Change	Addition (
			5.1 TITL 5.2 NAM	E AE	20 - 10 ×		☐ Change	Additions
TITLE NAME	s		5.1 TITL 5.2 NAM 5.3 STR	E ME REET ADDRESS	70 P. S.		☐ Change	
TITLE NAME STREET ADDRES	s	DELETE	5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT	E ME REET ADDRESS Y-ST-ZIP		;	☐ Change	☐ Addition
TITLE NAME	S 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		5.1 TITL 5.2 NAM 5.3 STR	E AE AEET ADDRESS Y-ST-ZIP LE				

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 example attachment with an address, with all other like empowered.

6.3 STREET ADDRESS