

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J49153 (6)

1. Corporation Name
RATHGEB BROTHERS LAWN CARE, INC.



Principal Place of Business 15035 N. PEBBLE LANE FT. MYERS FL 33912	Mailing Address P.O. BOX 61413 FT MYERS FL 33906-0643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15035 N. Pebble Lane	2a. Mailing Address 26 P.O. Box 61413
Suite, Apt. #, etc. 22 1	Suite, Apt. #, etc. 27
City & State 23 Ft Myers FL 33912	City & State 28 Ft Myers FL 33906
Zip 24 33912	Country 25 Lee
Zip 29 33906	Country 30 Lee

3. Date Incorporated or Qualified
01/01/1987

4. FEI Number
APPLIED FOR

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

RATHGEB, DIANE
15035 N. PEBBLE LANE
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name Diane Rathgeb

82 Street Address (P.O. Box Number is Not Acceptable) 15035 N. Pebble Lane

83

84 City Ft Myers FL 85 Zip Code 33912

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHGEB, PETE	1.2 NAME	
STREET ADDRESS	15035 N. PEBBLE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHGEB, PHIL	2.2 NAME	
STREET ADDRESS	15035 N. PEBBLE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHGEB, ROY	3.2 NAME	
STREET ADDRESS	1118 S.E. 5TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[Handwritten Signature]

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*****150.00**

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.

[Handwritten Signature] **941-404-3733**

CR2E034 (10/97)