

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

007768

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN 27 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # J55685

(8)

1. Corporation Name

CUT'N EDGE LAWN CARE, INC.

Principal Place of Business

14548 BROKEN WING LANE  
PALM BCH GARDENS FL 33418

Mailing Address

14548 BROKEN WING LANE  
PALM BCH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1987

4. FEI Number

59-2758566

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PRAIRIE, RORI L.  
14548 BROKEN WING LANE  
PALM BCH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *RORI L. PRAIRIE*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/98

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP  
NAME PRAIRIE, RORI L.  
STREET ADDRESS 14548 BROKEN WING LANE  
CITY-ST-ZIP PALM BCH GARDENS FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

000002606680-173

-08/04/98-01039-0173

\*\*\*150.00 \*\*\*150.00

Change Addition

TITLE P  
NAME PRAIRIE, JR., DONALD M  
STREET ADDRESS 14548 BROKEN WING LANE  
CITY-ST-ZIP PALM BCH GARDENS FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE *Thom H. Puer*

7/10/98 (561)622-6645

CR2E034 (5/98)

2

7/10/98

Annual Reports Filings  
Division of Corporations  
P.O.Box 6327  
Tallahassee FL 32314

Cut'n Edge Lawn Care, Inc.  
14548 Broken Wing Ln  
Palm Beach Gardens FL 33418  
Contact- Rori Prairie 561/622-6645

Attn Div. of Corporations,

This is in regards to a late filing form we just received. According to our records, the original application was mailed on approx. 4/15/98. Check #2961 was enclosed for \$150.00. We do not know why this was not received nor was the check cashed. We are enclosing another report AND a new check for \$150.00. We hope you will accept this as we truly did send our original on time. At this present time we are unable to pay the additional fee due to the upcoming birth of our child. We hope you take our past record into consideration. Thank you for your consideration.

Rori L. Prairie V.P.

*Rori L. Prairie*

V.P.