

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J67601**

1. Corporation Name

CUTRITE LAWN MAINTENANCE, INC.

Principal Place of Business

1911 BELL SHOALS
1911 BELL SHONS ROAD
BRANDON FL 33511
US

Mailing Address

4720 DOVERCLIFF CT
1911 BELL SHONS ROAD
DOVER FL 33527
US

2. Principal Place of Business

21 **4720 DOVER CLIFF CT.**

Suite, Apt. #, etc.

22

City & State

23 **DOVER FL**

Zip

24 **33527**

Country

25 **USA**

2a. Mailing Address

26 **4720 DOVER CLIFF CT**

Suite, Apt. #, etc.

27

City & State

28 **DOVER FL**

Zip

29 **33527**

Country

30 **USA**

9. Name and Address of Current Registered Agent

JOHNSON, SCOTT LEWIS
4720 DOVERCLIFF CT
DOVER FL 33527

3. Date Incorporated or Qualified

04/10/1987

4. FEI Number

59-2855789

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 the current year
Intangible Personal Property.



Yes



No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **JOHNSON, SCOTT LEWIS**

STREET ADDRESS **4720 DOVER CLIFF ST**

CITY-ST-ZIP **DOVER FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D/S/T** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90013 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)



599722-90013-11
J67601

CUT RITE LAWN, INC.

4720 Dover Cliff Court
Dover, Florida 33527
(813) 684-2145

July 29, 1999

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir;

Enclosed is a check in the amount of \$150.00. This payment was delayed due to an error in the address. The first notice of renewal was not received. The second notice was again sent to an incorrect address, but was delivered to Cut Rite Lawn, Inc. by the current tenant. The correct mailing address is as follows:

Cut Rite Lawn, Inc.
4720 Dover Cliff Court
Dover, FL 33527

Should you have any questions please contact me at 813-684-2145.

Sincerely,


Scott L. Johnson
President