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

Mailing Address

% JEFFREY T. PAUL

13450 ALMOND DRIVE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K75269

Principal Place of Business

% JEFFREY T. PAUL

13450 ALMOND DRIVE

TROPICAL LAWN CARE SERVICE OF SOUTHWEST FLORIDA,

FT. MYERS FL 33908 FT. MYERS FL 33908				•	. DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed			
					03/24/1989			
_	cipal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0166907	No	t Applicable	
	e, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 /	Additional	
22		27			5. Certificate of Status Desired	Fee Re	equired	
City	& State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year			
24	25	<u> </u>	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Register	red Agent		
	DAM SEEDEVIN		81	Name				
137	PAUL, JEFFREY T. 13450 ALMOND DRIVE		82	Street Addr	ress (P.O. Box Number is Not Acceptable).	7	1	
94	13450 ALMOND DRIVE	· Justa i viti i i i			าน เมื่อ และเป็นสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร		20 Con 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	the second secon		J 644	City	F		20de	
11. Pu	rsuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	e-named corp	poration submits this statement for the purpose	e of changing its	registered	
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								
SIGNA	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agen	t signature required	d when reinstating) / 😽 . DATE			
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
TITLE NAME	PST PAUL, JEFFREY T.	L.J DELETE	1.1 TITLE 1.2 NAME			☐ Change	☐ Addition	
	PAUL, JEFFREY T.	L.) DELETE		ADDRESS		☐ Change	☐ Addition	
NAME	PAUL, JEFFREY T. 13450 ALMOND DRIVE	(,,) DELETE	1.2 NAME	* *		☐ Change	☐ Addition	
NAME STREET AC	PAUL, JEFFREY T. 13450 ALMOND DRIVE	L.) DELETE	1.2 NAME 1.3 STREET	* *		☐ Change	Addition	
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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, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90055 042 ***150.00

941-454 -0212