

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

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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90045 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00367			
1. Corporation Name DON'S LAWN MAINTENANCE, INC.			
Principal Place of Business %DONALD P CAMPBELL 2230 BUTCH CASSIDY TRAIL WIMAUMA FL 33598		Mailing Address %DONALD P CAMPBELL 2230 BUTCH CASSIDY TRAIL WIMAUMA FL 33598	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent CAMPBELL, DONALD P 2230 BUTCH CASSIDY TRAIL WIMAUMA FL 33598		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1989

4. FEI Number

59-2959559

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 Tax.

Yes No

9. Name and Address of Current Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

DELETE

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

Change Addition

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99

813-634-4238

CR2E034 (11/98)