PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01404

GRASS MASTER MAINTENANCE, INC.

Mailing Address Principal Place of Business % DANIEL E. ETGEN % DANIEL E. ETGEN 3135 HIGHWAY 92 EAST 3135 HIGHWAY 92 EAST DO NOT WRITE IN THIS SPACE LAKELAND FL 33801 LAKELAND FL 33801 3. Date Incorporated or Qualifed 07/12/1989 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2952706 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. ----5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ETGEN, DANIEL E. Street Address (P.O. Box Number is Not Acceptable) 3135 HIGHWAY 92 EAST LAKELAND FL 33801 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME ETGEN. DANIEL E. 3155 HWY 92 EAST 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ŽIP

4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE [] Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. 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, with all other like empowered.

SIGNATURE:

NAME

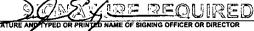
πnF

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



DELETE

☐ DELETE

3-26-69 Date

Daytime Phone #

FILED Mar 29, 1999 8:00 am

Secretary of State

03-29-1999 90008 047 ***150.00

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☐ Change

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