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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #L11875 1. Corporation Name

LAWNS BY SHAWN GALLOWAY, INC.

	<u> </u>		_								
Principal Place of Business Mailing Address											
Shawn galloway % Shawn gallowa' I Cleveland ave 700 Cleveland ave											
USVILLE FL 327		TITUSVILLE FL 32780	•• •== := ::=				DO NOT WRITE IN THIS SPACE				
0011202 72 021	••					:	3. Date Incorporated or Qualifed				Ì
						(08/23/1989			_	
2. Principal Pl	cipal Place of Business 2a. Mailing Address						FEI Number			olied For	ļ
21	26						<u>59-2959293</u>			Applicable	
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A		
22	27								Fee Red	<u>-</u>	ł
City & State	City & State City & State						5. Election Campaign Financing		\$5.00 (
23	28			Country			Trust Fund Contribution		Added to	rees	1
—, Zip —,	Country	Zip		ritry		1	This corporation owes the current ye Personal Property Tax.	ar inta		□No	
24	9. Name and Address of Curre	29	30	Γ			D. Name and Address of New Regist	ered /			1
	9. Name and Address of Curre	1 97 A/A	_	81	Name		o. Hamo and radiood or her region		9	-	t
GALLO\	NAY, SHAWN Patrick	/ - · ,/ r = /ne	-	82						_	ł
700 CLEVELAND AVE					Street A	Address	dress (P.O. Box Number is Not Acceptable)				
TITUSVI	LLE FL 32780			83		_				_	1
	•								85 Zip C		-
				84	City			FL	85 Zip C	.oue	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Stat	utes.			board of directors. I hereby accept the)
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICER	S AN	D DIRECTO		٤
TITLE D	☐ DELETE			1.1 TITLE					Change	Addition	3
NAME G	GALLOWAY, SHAWN			1.2 NAME							3
STREET ADDRES	00 CLEVELAND AVE		1.3 S	REET	ADDRESS						إ
CITY-ST-ZIP T				1.4 CITY-ST-ZIP							ļ
TITLE D	□ DELÉTE			2.1 TTLE					Change	☐ Addition) `
	ALLOWAY, DIANA			2.2 NAME							
	szpo cleveland ave			2.3 STREET ADDRESS							
CITY-ST-ZIP T	TUSVILLE FL			2.4 CITY-ST-ZIP						Addition	1
mre D	DELETE			3.1 TITLE					☐ Change	☐ Addition	
_	ALLOWAY, LADONNA			3.2 NAME							
	DO CLEVALAND AVE			3.3 STREET ADDRESS							
				3.4. CITY-ST-ZIP					☐ Change	Addition	1
TITLE	□ DELETE			4.1 TITLE		,			☐ Change		
NAME			4.2N								
STREET ADDRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 C		-ZIP				-F Chanoe	Addition	=
TITLE			5.2 N	-							
NAME					ADDRESS	1					1
STREET ADDRESS				TY-ST	1						

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

407-267-8804

☐ Change

Addition

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90006 010 ***150.00

n cadhiden das hidan esda saint cadel dhie dedin bibli dedie didie delle delle delle