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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED May 11 1998 8:00am Secretary of State

MANNING LAWN SERVICE, INC. Principal Place of Business Mailing Address % ARTHOR L. MANNING. SR. 1125 8TH COURT. S.W. **% ARTHOR L. MANNING. SR.** 1125 8TH COURT, S.W. DO NOT WRITE IN THIS SPACE **VERO BEACH FL 32962** VERO BEACH FL 32962 3. Date Incorporated or Qualified <u>10/12/1989</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-1901469 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 Crty & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country This corporation owes or has paid the current year Intangible □ No 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANNING, ARTHOR L., SR. 1125 8TH CT. S.W. Street Address (P.O. Box Number is Not Acceptable) **VERO BEACH FL 32962** 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change TITLE 11 TITLE MANNING, AUTHOR L., SR. 1 2 NAME NAME 1125 8TH CT. S.W. 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 t TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TETL F 51 TULE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 chapted, or on an attachment with an address.

Uthor Munning 4/27,5425340 SIGNATURE: