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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L25158

(1)

HII MOWING SERVICES, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
4824 ASHTON ROAD 4824 ASHTON ROAD SARASOTA FL 34233 SARASOTA FL 34233					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
O Drivere I C	Done of Electrons	2a. Mading Address			10/24/1989 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21					
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23	28		т	 	Trust Fund Contribution Added to Fees
Zip #	Country	Zip	Cour	try	8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes X No
24	25 9. Name and Address of Curr	29 29 Agent	30		Personal Property Tax due June 30. Li Yes A No 10. Name and Address of New Registered Agent
* DA	VOU, DONALD H			1 Name	
4824 ASHTON ROAD			\.	2 Street	Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34233			ĺ.	Street	Address (P.O. box Number is Not Acceptable)
			Ī	3	
			h	4 City	85 Zip Code
		AA		1	FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 abligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature Typed or printed name of registered. OLE ICE RS 7	agest and life if applicable (NOT NND DIRECTORS	13.	kgent signature	o required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ρ	DELETE	1.1 101		Change Addition
NAME	DAVOLI, DONALD H		1.2 NAN	E	
STREET ADDRESS	1728 BAYONNE STREET		1.3 STR	ET ADORESS	3699 Country Place Blod
CITY-ST-ZIP	SARASOTA FL		1.4 CIT	- ST-ZIP	Socasota FC 34233
TITLE	\$T	DELETE	2.17(1)		Change Addition
NAME	DAVOLI, MARY ANN		2.2 NA	E	2122 6 1 01 01
STREET ADDRESS	1728 BAYONNE STREET		2.3 STR	ET ADDRESS	3699 Country Place Blud
CITY+ST-ZIP	SARASOTA FL			r-st-zip	Sarasota Fl 38333
TITLE	VP	☐ DELETE	3.1 TITL		Change Addition
NAME	William H Dar	ooli	3.2 NAA		
STREET ADDRESS	ITIE SOUTH DE	34239		ET ADDRESS	
CITY-ST-ZIP TITLE	Sarasota FL	DELETE DELETE	4.1 Tilk	/- ST- ZIP	Change Addition
NAME		_ otte	4.1 MI		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP				- ST-ZiP	
TITLE		DELETE	51 TITL		800002531867 Change Addition -05/21/98-01084-042
NAME			5 2 NA		-U5/21/38U1U84U4Z
STREET ADDRESS				ET ADDRESS	***150.00
CITY-ST-ZIP				- ST - ZIP	
TITLE		DELETE	6.1 TITL		C C Cetrange Addition
NAME			6.2 NAM	E	1 (4) - 119
STREET ADDRESS			6.3 STR	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	-S1-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 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 cociver or trusted 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