

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L31038** (7)

1. Corporation Name  
**ARLINGTON RIVERS LAWN CARE, INC.**

Principal Place of Business  
**3807 COLONY COVE TRAIL  
3808 COLONY COVE TRAIL  
JACKSONVILLE FL 32277  
US**

Mailing Address  
**3807 COLONY COVE TRAIL  
3808 COLONY COVE TRAIL  
JACKSONVILLE FL 32277  
US**



DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>11/17/1989</b>	
4. FEI Number <b>59-2979161</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>MASON, NANCY 3807 COLONY COVE TRAIL JACKSONVILLE FL 32211</b>				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 <b>FL</b>	

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)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P	MASON, NANCY						1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		3807 COLONY COVE TRAIL						1.2 NAME							
STREET ADDRESS		JACKSONVILLE FL						1.3 STREET ADDRESS							
CITY-ST-ZIP								1.4 CITY-ST-ZIP							
TITLE	VS	MASON, ANN						2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		3808 COLONY COVE TR.						2.2 NAME							
STREET ADDRESS		JACKSONVILLE FL						2.3 STREET ADDRESS							
CITY-ST-ZIP								2.4 CITY-ST-ZIP							
TITLE								3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE								4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE								5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE								6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 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.

SIGNATURE:  **NANCY E. MASON** 4/27/98 904/743-6638

CR2E034 (10/97)