FILED

Apr 20, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L48136**

1. Corporation Name

Principal Place of Business

STOLL'S LAWN MAINTENANCE, INC.

1 III Copar I race	5 O, E-0-11700	3				
96HENRY A. ST		%HENRY A. STOLL				
812 HOULE AV		812 HOULE AVENUE				DO NOT WRITE IN THIS SPACE
SARASOTA FL	34232	SARASOTA FL 34232				3. Date Incorporated or Qualifed
						02/01/1990
2. Principal Place of Business 2a. Mailing Addr			SS			4. FEI Number Applied For
2. () () () () () () () () () (racé or promisos	— ·	26			65-0171655 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	m, cio.	——————————————————————————————————————	27			5. Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing 55.00 May Be
23	,	28	28			Trust Fund Contribution Added to Fees
Zip Country		Zip				8. This corporation owes the current year Intangible
24	25 29		30			Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Current			1 1			10. Name and Address of New Registered Agent
	o, manio ano manos o o carro			81	Name	
STO	ll, Henry A.		82		Cton-1 A	Address (P.O. Box Number is Not Acceptable)
	Houle avenue				Street P	Address (P.O. Dox Number is Not Acceptable)
SAR	ASOTA FL 34232					
	•			84	City	FL 85 Zip Code
44 D	As the provisions of Continue 607 050	22 and 607 1509 Florida Sta	tutes the s	bove	named (
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stat	d by t utes.	he corpo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						·
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re					signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ATOM MENDY A	₩ DETELE				
NAME	STOLL, HENRY A.		1.2 N			•
STREET ADDRESS	812 HOULE AVENUE				ADDRESS	
CITY-ST-ZIP	SARASOTA FL			ITY-ST	-ZIP	
TITLE	D	☐ DELETE	2.1 π	TLE	-\	☐ Change ☐ Addition
NAME	STOLL, MARY C.		2.2 N	AME		
STREET ADDRESS	812 HOULE AVENUE		2.3 STREET A		ADDRESS	
- CITY-ST-ZIP	SARASOTA FL 2.4		л <u>ү-</u> sт	-ZIP -	<u>ا به جوال که چیمونی در </u>	
TITLE		☐ DELETE	3.1 Ti	πLE	T	☐ Change ☐ Addition
NAME			3.2 N	AME	1	
STREET ADDRESS	3.3		3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. C	CITY-ST	-ZIP	
TITLE		☐ DELETE	4.1 TI	π.E		☐ Change ☐ Addition
NAME			4.21	AME		
STREET ADDRESS			4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			440	TY-ST	.zip	
TITLE		☐ DELETE	5.1 Ti			☐ Change ☐ Addition
NAME		_ :=	5.2 N			•
					ADDRESS	•
STREET ADDRESS				rry-st		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 Ti			☐ Change ☐ Addition
			6.2 N		ļ	
NAME				6.3 STREET ADI		
STREET ANDRESS	l .		0.35	IKEE!	VDDUC99	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP