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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90091 037 ***150.00

DIVISION OF CORPORATIONS

DOCUMENT # L60064 1. Corporation Name

SPECIALTY LAWNS & LANDSCAPING, INC.

	•	•						
Principal Place	e of Business	Mailing Address	<u> </u>		- 3 10631015 016 01311 00111 60116 01	511 3 701 81011 011		478 (1 010 1(100)
3110 SOUTHEAST GLASGOW DR		3110 SOUTHEAST GLASGOW DR STUART FL 34997			•			
STUART FL.349	197 	STUART PL JASSI		~~~ =	DO NOT WRI	TE'IN THÌS'S	PACE	
	·	•			3. Date Incorporated or Qualifed 03/26/1990			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	plied For
21	•	26			65-0195765		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired		\$8.75	Additional
22	•	27			5. Certificate of States Desired		Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	•		
24	25	29 30		·	Personal Property Tax.		□Yes	□No
	9. Name and Address of Curren	t Registered Agent	701 11		10. Name and Address of New F	Registered A	gent	
LATE	MED DOUGLAS D	-	81 N	ame				
LATIMER, DOUGLAS P. 3110 S.E. GLASGOW DRIVE			82 S	treet Addre	ss (P.O. Box Number is Not Accepta	able)		
	ART FL 34997		83					
	- · · · ,		84 C	ity		<u>.</u>	85 Zip	Code .
				•		F.L.	.	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	inzed by the	med corpo corporation	ration submits this statement for the is board of directors. I hereby accept	purpose of continuous of the appoint	hanging its tment as re	registered egistered
								J
SIGNATURE	Signature based or printed name of registered ages	ot and title if annicable (NOTF: Region	stered Agent sign	nature required	when reinstating)	DATE		
	Signature, typed or printed name of registered ager OFFICERS AN		stered Agent sign	beniupen enuter	when reinstaling) ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN	nt and title if applicable. (NOTE: Registed DIRECTORS		nature required			DIRECTO	DRS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	beniuper equise				
12. TITLE NAME	OFFICERS AN PD LATIMER, DOUGLAS P.	ID DIRECTORS	13. 1.1 ΠΤΕ					
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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 comporation or the receiver of 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 attackment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP