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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 27, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66017 1. Corporation Name

KAUFFMAN LAWN SERVICE, INC.

	,					
Principal Place	e of Business	Mailing Address			- * 19811915 #18 #1110 #1111 #3101 1101	1 1661 51811 61611 51811 61811 61811 61811
% LLOYD E. KAUFFMAN 818 S E 34TH TERRACE OCALA FL 34471		% LLOYD E. KAUFFMAN 818 S E 34TH TERRACE OCALA FL 34471			DO NOT WRITI	E IN THIS SPACE `
US		US			3. Date Incorporated or Qualifed 04/16/1990	
,2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	. =1-1		59-3001870	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Intangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current				10. Name and Address of New Re	egistered Agent
l	to the table of the		81	Name		
KAU KAU818	FFMAN, LLOYD E. S.E. 34TH TERRACE		82 5	Street Addre	ss (P.O. Box Number is Not Acceptate	
	LA FL 32671		83			. The part days are supposited by the
		***	84 (City	\$ 1787 to 2 1/2 (1/2 get 1 2 0 0 0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0	95 Zin Code
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office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	r and 607.1506, Plonda Statut of Florida. Such change was a	es, the above-in	e corporation	n's board of directors. I hereby accept	the appointment as registered
OCA agent. Pa 60 SIGNATURE	m familiar with, and accept the obligati	ions of, Section-607.0505, Flo	nda Statutes.		when reinstating) .;	DATE
ि विका agent d'a	m familiar with, and accept the obligati	ons of, Section 607.0505, FIO	nda Statutes.			DATE
SIGNATURE	m familiar with, and accept the obligate	ons of, Section 607.0505, FIO	: Registered Agent se		when reinstating); \\ \text{Sector} \\ ADDITIONS/CHANGES TO OFF	DATE
SIGNATURE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, FIO and title if applicable. (NOTE D DIRECTORS	: Registered Agent si		when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12.	im familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, FIO and title if applicable. (NOTE D DIRECTORS	: Registered Agent signal. 13. 1.1 TITLE	ignature required	when reinstating); \\ \text{Sector} \\ ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
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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 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.