

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90013 028 ***550.00

DOCUMENT # **L66288**

Corporation Name

ABOVE ALL LAWN CARE & LANDSCAPING, INC.

Principal Place of Business

11 S.E. 30TH COURT
OCALA FL 32671

Mailing Address

4601 S.E. 30TH COURT
OCALA FL 32671

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1990

4. FEI Number

59-3001987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

4500 NE 35th Street

2a. Mailing Address

PO BOX 2772

Suite, Apt. #, etc.

Unit #A-1

City & State

OCALA FL

Zip

34479

Country

U.S.

Suite, Apt. #, etc.

27

City & State

OCALA FL

Zip

34478

Country

U.S.

9. Name and Address of Current Registered Agent

LAWRENCE, PATRICIA A.
4601 S.E. 30TH CT.
OCALA FL 34480.

10. Name and Address of New Registered Agent

81 Name

DANIEL I. LAWRENCE

82 Street Address (P.O. Box Number is Not Acceptable)

3444 SE 13th Street

83

84 City

OCALA

FL

85 Zip Code

34471

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|------------|--|
| DP | <input checked="" type="checkbox"/> DELETE |
| ET ADDRESS | LAWRENCE, STEPHEN |
| ST-ZIP | 4601 SE 30 CT. |
| | OCALA FL |
| DV | <input type="checkbox"/> DELETE |
| ET ADDRESS | LAWRENCE, DANIEL J. |
| ST-ZIP | 4601 S.E. 30TH CT. |
| | OCALA FL |
| DST | <input checked="" type="checkbox"/> DELETE |
| ET ADDRESS | LAWRENCE, PATRICIA |
| ST-ZIP | 4601 SE 30 CT. |
| | OCALA FL |
| | <input type="checkbox"/> DELETE |
| ET ADDRESS | |
| ST-ZIP | |
| | <input type="checkbox"/> DELETE |
| ET ADDRESS | |
| ST-ZIP | |
| | <input type="checkbox"/> DELETE |
| ET ADDRESS | |
| ST-ZIP | |

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LAWRENCE, DANIEL I. | |
| 1.3 STREET ADDRESS | 3444 SE 13th St | |
| 1.4 CITY-ST-ZIP | OCALA, FL 34471 | |
| 2.1 TITLE | DST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LAWRENCE, SUSAN M | |
| 2.3 STREET ADDRESS | 4500 NE 35th Street | |
| 2.4 CITY-ST-ZIP | OCALA FL 34479 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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: *[Signature]* **SIGNATURE REQUIRED**

7/20/99 **236-7900**

CR2E034 (5/99)