

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L71825 (8)
1. Corporation Name
CULLEN CUTTER LAWN SERVICE, INC.

Principal Place of Business
#2 DURY RD
#2 DRURY
KEY LARGO FL 33037
US

Mailing Address
P.O. BOX 166
KEY LARGO FL 33037-0166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 445 Lime Drive Suite, Apt. #, etc. 22 City & State 23 KEY LARGO FL. Zip 24 33037		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Key LARGO FL. Zip 29 33037		3. Date Incorporated or Qualified 05/08/1990	
2. Principal Place of Business 21 445 Lime Drive Suite, Apt. #, etc. 22 City & State 23 KEY LARGO FL. Zip 24 33037		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Key LARGO FL. Zip 29 33037		4. FEI Number 65-0200531	
2. Principal Place of Business 21 445 Lime Drive Suite, Apt. #, etc. 22 City & State 23 KEY LARGO FL. Zip 24 33037		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Key LARGO FL. Zip 29 33037		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 445 Lime Drive Suite, Apt. #, etc. 22 City & State 23 KEY LARGO FL. Zip 24 33037		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Key LARGO FL. Zip 29 33037		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 445 Lime Drive Suite, Apt. #, etc. 22 City & State 23 KEY LARGO FL. Zip 24 33037		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Key LARGO FL. Zip 29 33037		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CULLEN, DOUGLAS #2 DRURY RD KEY LARGO FL 33037				10. Name and Address of New Registered Agent 81 Name BRISHKE, SR. PAUL C. 82 Street Address (P.O. Box Number is Not Acceptable) 445 Lime Drive 83 84 City KEY LARGO FL 85 Zip Code 33037	

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

Paul C. Brishke, Sr. President
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CULLEN, DOUGLAS #2 DRURY RD KEY LARGO FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP BRISHKE, SR. PAUL C. 445 LIME DRIVE KEY LARGO, FL. 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CULLEN, JOLI #2 DRURY RD KEY LARGO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V BRISHKE, MARIE 445 LIME DRIVE KEY LARGO, FL. 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paul C. Brishke, Sr.

1/25/98

305-457-3218

CR2E034 (10/97)