FILE NOW:	FILING	FEE	AFTER	MAY 1	18	\$225.00			

**PROFIT** CORPORATION ANNUAL REPORT 1006



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	ספפו	- CONT.	DIVISION OF	- CORPORATI	SNC			
DOCUI 1. Corporation	MENT #	L7989	5 (3)			***************************************		
JENKIN	IS LAWN S	ERVICE, INC.						
						1 186 (188) 814 188 (8 18 18 18 18 18 18		BIBLL BLOW BLOW HARD
Principal Place	of Business		Mailing Address					
1100 SOUTH FEDERAL HWY		1100 SOUTH FEDERAL HWY						
STE 4	EACH FL 33435		STE 4					
DO INION DO	INOTIFE 33933		BOYNTON BEACH FL	33435		3. Date Incorporated or Qualified	3a. Date of La	ast Report
9 Principal Pla	ace of Business		O. Maria Addison	#1 ######		06/11/1990	05/01/	1995
21	ace or pusiness		2a. Mailing Address			4. FEI Number 65-0205805		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8	Not Applicable  3.75 Additional		
22 City & State			27			5. Certificate of Status Desired		Fee Required
City & State	,		City & State	City & State		Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> May Be
Zip		Country	Zip	Country		This corporation has liability for		Added to Fees
24	25		29	30		Florida Statutes 🔣 Yes	□ No	
· · · · · · · · · · · · · · · · · · ·	y, Name Bri	o Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New F	legistered Agen	t
JENKINS	, TOMMY LEE	:						
	11TH AVE	-		82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)	
BOYNTO	N BEACH FL	33435		83				
				84	City		- 85	Zip Code
11. Pursuant to	a the provisions	of Sections 607.0502	and 607 1508. Florida Statut	es the shove r	amod corno	oration submits this statement for the pur	ᅡᆫ	
or registere familiar wit	ed agent, or bot h, and accept th	<ul> <li>h. in the State of Florida</li> <li>ne obligations of, Sect</li> </ul>	da. Such change was authorizen 607.0505. Florida Statutes	ed by the corp	oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing pintment as regist	its registered office ered agent. Lam
SIGNATURE _								
12.	Signature, typod or pr	rited name of registored agent OFFICERS AND		TE: Registered Agen	l signature require	U	DATE	
TITLE	PD	OTTO NS AND	D DELETE	13. 1 1 THTLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
NAME	JENKINS, T			1.2 NAME				"go Li Adomor
STREET ADDRESS	222 NW 11			1.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	BOYNTON	BEACH FL	F) belete	1.4 CITY - S	r-ZIP			
NAME			☐ DELETE	2. 1 TIFLE 2.2 NAME			Cha	nge 🗀 Addition
STREET ADDRESS				2.3 STREET	ADDRESS			
CiTY-ST-ZIP				24 CITY-ST				
TITLE			DELETE	3 1 TITLE			☐ Chai	nge 🔲 Addition
NAME STREET ADDRESS				3.2 NAME				
CITY-ST-ZIP				3.3 STREET 3.4 CITY - ST				
TITLE			DELETE	4. 1 TITLE	- ZIF		Char	nge Addition
NAME				4.2 NAME			•	
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-Zt->			DELETE	44 C/TY-ST 5 1 701LE	- ZIP		F) 01-	<u> </u>
NAME				5.2 NAME			Char	nge 🔲 Addition
STREE I ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZiP				5.4 CITY - ST				
TITLE			DELETE	6 1 TATLE			☐ Char	nge
NAME STREET ADDRESS				6.2 NAME	, DDDDD			
CITY-ST-ZIP				6.3 STREET A				
	certify that the i	information supplied w	with this filing is voluntarily fund	64 CITY-S!	-ZIF			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal 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.

GNATURE: X

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Date

Date

Designed Pricing &

SIGNATURE: X

Daytime Phone #