FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L93929 1. Corporation Name

JERRY'S LAWN & LANDSCAPING MAINTENANCE, INC.

52 (,,,,,,,								
Principal Place	of Business	Mailing Address	Mailing Address			^		
4629 SQUARE I	4629 SQUARE LAKE DR PALM BEACH GARDEN FL							
PALM BEACH GARDENS FL 33418 PALM BEACH GARDEN FL 3 US US			00110			DO NOT WRITE IN THIS	SPACE	
						3. Date incorporated or Qualifed 08/13/1990		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0212220	N	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22		27				5. Certificate of States Desired	Fee R	Required
City & State) + · · ·	City & State.)-May⋅Be=
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Inta		
24	25	29	30	,		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	N	10. Name and Address of New Registered	gent	
LIAN	LON AS TRACTUV			• '	Name			
HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA				82 Street Address (P.O. Box Number is Not Acceptable)				
PALI	M BEACH FL 33480			83				
				84	City		85 Zip	Code
						<u>FL</u>]	
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	utnorized	o by	tne corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoir	itment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable /NOTE	Registered	Agen	t signature regu	juired when reinstating) DATE		· j
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE			☐ Change	
NAME	DELUNA, JERRY		1.2 N	AME	İ			1
STREET ADDRESS	4629 SQUARE LAKE DRIVE		1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CI	TY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME			2.2 N	AME				ļ
STREET ADDRESS			2.3 S	TREET	ADDRESS			1
CITY-ST-ZIP			2.40	iTY-S	T-ZIP			ļ
TITLE		DELETE	3.1 TI				Change	Addition
NAME			3.2 N	AME		,	- بتهدمات	
STREET ADDRESS			3.3 5	TREET	FADORESS			
CITY-ST-ZIP			3.4. 0	iTY-S	iT-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	☐ Addition
NAME			4. 2 N	IAME				
STREET ADDRESS			4.3 S	TREE	ADDRESS	•		
CITY-ST-ZIP			4.4 C	ITY-S	T-ZiP			
TITLE		☐ DELETE	5.1 TI	TLE			☐ Change	☐ Addition
NAME			5.2 N	AME		•	•	ľ
STREET ADDRESS			5.3 S	TREET	T ADDRESS			1
CfTY-ST-ZIP			5.4 C	ΠY-S'	T- ZIP			*
TITLE		☐ DELETE	6.1 TI	TLE	-		☐ Change	Addition
NAME.			6.2 N	AME				
STREET ADDRESS			6.3 S	TREE	TADORESS			1

14. 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.

6.4 CITY- \$T-ZIP

SIGNATURE:

561-689-8798