PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

Suite, Apt. #, etc.

DOCUMENT # M50088

WENDELL LAWN MAINTENANCE, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90118 022 ***150.00



Fee Required

5. Certifcate of Status Desired

Principal Place of Business	Mailing Address	
400 BERN CREEK LOOP SARASOTA FL 34240	1400 BERN CREEK LOOP SARASOTA FL 34240	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed
		04/10/1987
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
7 8050 Frotailte	2 20 - 20 1400 born (ivee) (loc	
Suite. Apt. #, etc.	Suite, Apt. #, etc.	\$8.75 Additional

1			······································			.	_
City & State	City & State	·····		6. Election Campaign Financing			May Be
E = 14 atolonus	28 200 2010	A-1.		Trust Fund Contribution		Added	to Fees
Zip Country	Zip	Country	- \	8. This corporation owes the curr	ent year li	ntangible	
134240 [25 Borrs 50ta	30/3/10 [30 DOGC	sota	Personal Property Tax.		Yes	No
9. Name and Address of Current Registered Agent			•	10. Name and Address of New	Registere	d Agent	
		81	Name	-			
WENDELL, GARY 1400 BERN CREEK LOOP							
		82	Street Addres	s (P.O. Box Number is Not Accept	able)		
1400 DERN CREEK LOOP		1 1					

SARASOTA FL 34240 84 City Zip Code

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	Harry To large lill	Gary Wer	Jell Aves	sident/owner	4/15/44		
	Signature, type for printed name of registered agent and title if ap	·	gistered Agent signature re	equired when reinstating)	DATE "	COTOO	C IN 42
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO			
TITLE	DP	☐ DELETE	1.1 TITLE		□ Ch	ange	☐ Addition
NAME	WENDELL, GARY R.		1.2 NAME				i
STREET ADDRESS	1400 BERN CREEK LOOP		1.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	·			
TITLE	VST	☐ DELETE	2.1 TITLE		□ Ch	ange	☐ Addition
NAME	wendell, donna j.		2.2 NAME		ي، حب⊸ي		ļ
STREET ADDRESS	1400 BERN CREEK LOOP	المائيسي والمائيس المعاد	2.3 STREET ADDRESS		•		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		□ Ch	ange	☐ Addition
NAME		;	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				<u>.</u>
TITLE		□ DELETE	4.1 TITLE	•	□ Ch	ange	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TILE	· ·	DELETE	5.1 TITLE		. <u>C</u> h	ange	☐ Addition
NAME			5.2 NAME	•	•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		□ Ch	ange	Addition
NAME			6.2 NAME				
STREET ADDRESS	,		6.3 STREET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP



941-371-0269