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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M75333

1. Corporation Name

THE GROUNDS KEEPER, INC.

						-	(
Principal Place of Business Mailing Address								
% STEVEN G. KEMPIN								
8622 VIVIAN BA		P.O. BOX 65	ODESSA FL 33556			DO NOT WRITE IN THIS S	DACE	
ODESSA FL 335	556	_ US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
-	- man of the state	03	•			04/01/1988		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
21		26				59-2879602	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intar	ıgible	./ .
24	25	29	30			Personal Property Tax.	Yes	ØN₀
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered A	gent	
		•		81	Name			
	PIN, STEVEN G.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
8622 VIVIAN BASS RD					52 Street Address (F.O. Box Number is Not Acceptable)			
ODE	SSA FL 33556			83				
							Tag 7:-	Carle
				84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	utes, the al	l	e-named corpo	pration submits this statement for the purpose of c	nanging its	registered
office or re	egistered agent or both in the Si	tate of Florida. Such change was oligations of, Section 607.0505, F	authorized	DV.	the corporation	n's board of directors. I hereby accept the appoint	ment as re	egistered
SIGNATURE								
0.0.0	Signature, typed or printed name of registered		E: Registered	Agent	t signature required			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE	DP	☐ DELETE	1.1 ΤΠ	ιŧ			Change	Addition
NAME	KEMPIN, STEVEN G.		1.2 NA	ME				
STREET ADDRESS	8622 VIVIAN BASS RD		1.3 ST	REET	T ADDRESS			
CITY-ST-ZIP	ODESSA FL		1.4 CI	ry-st	T-ZIP			
TITLE	DST	☐ DELETE	2.1 TII	1E			Change	☐ Addition
NAME	KEMPIN; SHERI'T:	manageration and the second	- 2.2 NA	ME				
STREET ADDRESS	8622 VIVIAN BASS RD		2.3 ST	REET	T ADORESS	•		
CITY-ST-ZIP	ODESSA FL		2.4 C	TY-S	ST- ZIP			
TITLE		☐ DELETE	3,1 TIT	ΠE			Change	☐ Addition
NAME			3.2 N	ME				
STREET ADDRESS			3.3 ST	REET	T ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TI				Change	Addition
NAME			4. 2 N					
STREET ADDRESS					TADDRESS			
l l			•		T-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 TI		- Alf		☐ Change	Addition
			5.2 NA				=	
NAME	•				T ADDRESS			
STREET ADDRESS			5.4 CI					
CITY-ST-ZIP		☐ DELETE	6.1 TF		1-4F		☐ Change	Addition
TITLE		☐ nerele	6.2 N/					
NAME			1		T +0000000			
STREET ADDRESS			6.3 ST	KEET	TADDRESS			

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 of 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 the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90050 033 ***150.00