

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 # P92000002448

1. Corporation Name

JERRY'S LAWN SOIL, INC.

Principal Place of Business

6230 HAINES ROAD
ST. PETERSBURG FL 33702

Mailing Address

6230 HAINES ROAD
ST. PETERSBURG FL 33702

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90134 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1992

4. FEI Number

59-3156558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. Jerry's Lawn Soil
Suite, Apt. #, etc.

22. P.O. Box 60927
City & State

23. ST. PETE FL
Zip Country

24. 33784 25. Pinellas

2a. Mailing Address

26. P.O. Box 60927
Suite, Apt. #, etc.

27. ST. PETE FL
City & State

28. ST. PETE FL
Zip Country

29. 33784 30. Pinellas

9. Name and Address of Current Registered Agent

MULHERN, THOMAS
6230 HAINES ROAD
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MULHER, THOMAS
STREET ADDRESS 6230 HAINES ROAD
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE T ☐ DELETE
NAME MULHERN, THOMAS
STREET ADDRESS 6230 HAINES ROAD
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE S ☐ DELETE
NAME MULHERN, TASHA
STREET ADDRESS 6230 HAINES ROAD
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Thomas Mulhern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

727-522-5123

Daytime Phone #

CR2E034 (1/1/98)