

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000004166 (4)

1. Corporation Name

TRUE-CUT LAWN & ORNAMENTAL MAINTENANCE, INC.

Principal Place of Business

5317 KIRKWOOD AVENUE  
SPRING HILL FL 34608

Mailing Address

5317 KIRKWOOD AVENUE  
SPRING HILL FL 34608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

4. FEI Number

59-3148986

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8978 Helene Way

Suite, Apt. #, etc.

22

City & State

23 Brooksville, FL

Zip

24 34613

Country

25 Hernando

2a. Mailing Address

26 8978 Helene Way

Suite, Apt. #, etc.

27

City & State

28 Brooksville, FL

Zip

29 34613

Country

30 Hernando

9. Name and Address of Current Registered Agent

LEACH, CRAIG  
5317 KIRKWOOD AVE  
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name

Leach Craig

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

8978 Helene Way

83

84 City

Brooksville

FL

85 Zip Code

34613

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

Craig T. Leach

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

(NOTE: Registered Agent signature required when reinstating)

4/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LEACH, CRAIG T  
STREET ADDRESS 5317 KIRKWOOD AVE  
CITY-ST-ZIP SPRING HILL FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Leach, Craig T  
1.3 STREET ADDRESS 8978 Helene Way  
1.4 CITY-ST-ZIP Brooksville, FL 34613

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE:

Craig T. Leach

4/12/98

352-597-7608

CR2E034 (10/97)