FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90034 008 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000004166

TRUE-CUT LAWN & ORNAMENTAL MAINTENANCE, INC.

Principal Place of Business		Mailing Address				'	1991(99) NO 19110 NO. 99		***************************************	
8978 HELENE V	WAY	8978 HELENE WAY								
BROOKSVILLE FL 34613		BROOKSVILLE FL 34613				DO NOT WRITE IN THIS SPACE				
US		U\$				3. Date Incorporated or Qualifed				
]							9/1992			1
2. Principal P	2a. Mailing Address	ling Address			4. FEI N			A	pr lied For	
21	idda o'i Bacillood	26				59-3	148986		N	ot Applicable
Suite, Act. #, etc.		Suite, Apt. #, etc.								A tditional
22		27				5, Certifo	oate_of Status Desire	·u 🗆	Fee R	ecluired
City & State		City & State				6. Election	on Campaign Financ	ing []	•	May Be
23		28					Fund Contribution			tc Fees
Zip	Cour try	Zip Country					orporation owes the	current year in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24	25	29 30					r al Property Tax.	Posistore	∐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	II N	lame	10. Name	and Address of N	ew Registere t	Agent	
I FA	CH, CRAIG		"		anic					
8978 HELENE WAY		82 Str		treet Add	iress (P.O. Bo	Number is Not Acc	ceptable)			
	OKSVILLE FL 34613		83	3						
			84	4 C	City				85 Zip	Code
					•			<u>F</u> I	L I I	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes	, the abov	/e-na	med corp	poration subm	its this statement for	the purpose of	of changing its printment as re	s registered
office of r	egistered agent, or octn, in the State im familiar with, and accept the obliga	at ons of, Section 607.0505, Florid	la Statute:	S.	corporati	non a poard or	Ciliectors: Friordby a	ocopi ale opti	, , , , , , , , , , , , , , , , , , ,	9.0
SIGNATUF:E										
	Signature, typed or printed nome of registered age		egistered Age	ent sign	nature req ilir	red when reinstating	DNS/CHANGES TO	DATE DATE	ND DIRECT	ORS IN 12
12.	OFFICERS AF	VI) DIRECTORS	11 TITLE			ADDELL	IDNO/CHANGES TO	OFFICENS	Change	
1	LEACH, CRAIG T		12 NAME						_ •	_
NAME	8978 HELENE WAY		1.3 STREET ADDRESS						}	
STREET ADDRESS	BROOKSVILLE FL 34613		1.4 CITY-1		1					
CITY-ST-ZIP TITLE	DITOUROVIELE TE 34010	OELETE	2.1 TITLE						☐ Change	☐ Addition
NAME		<del></del>	2.2 NAME							
STREET ADDRESS		<b>i</b>		2.3 STREET ADDRESS						
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		1					
TITLE			3.1 TITLE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	:						
STREET ADDRESS	33		3.3 STREE	3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-	ST-ZIF	P					
TITLE		☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET		DRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIF	,					
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME			5.2 NAME	į						
STREET ADDRESS	1		5.3 STREE	ET ADD	DRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP						
TITLE	DELETE		6.1 TITLE		T				☐ Change	☐ Addition
NAME .			6.2 NAME	:						
STREET ADDRESS			6.3 STREE	ET ADD	DRESS					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR