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 # **P92000004983**

1. Corporation Name

LAWN PRO OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
401 S. BERMUDA AVE. KISSIMMEE FL 34741	401 S. BERMUDA AVE. KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/12/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3155284**	Applied For Not Applicable
21 1815 Brown St.	26 3335 Marsh Rd.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Kissimmee FL	City & State 28 Kissimmee FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 34741	Country 25 USA	Zip 28 34746	Country 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSON, BRIAN S 1815 BROWN STREET KISSIMMEE FL 34741	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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME OLSON, ROBERT E		1.2 NAME			
STREET ADDRESS 1815 BROWN STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP KISSIMMEE FL		1.4 CITY-ST-ZIP			
TITLE DV	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME OLSON, BRIAN S		2.2 NAME			
STREET ADDRESS 3335 MARSH RD.		2.3 STREET ADDRESS			
CITY-ST-ZIP KISSIMMEE FL		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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: _Brian Olson, DV_   4-26-99   407-846-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)