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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000015473 (0) DOCUMENT #

MULLETT'S LAWN SERVICE OF SARASOTA, INC.

Mailing Address Principal Place of Business 1616 FRANCIS AVE 1616 FRANCIS AVE SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1993 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0405100 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 2B 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sime\) No Country Zip 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEAVER, RICHARD A. 1616 PRANCIS AVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 83 84 City Zip Code **SIGNATURE** DATE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 13.

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.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition 1.1 TITLE TITLE WEAVER, RICH A. 1.2 NAME NAME **1616 FRANCIS AVE** 1.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL** 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **W**EAVER, BARBARA E. 2.2 NAME NAME 1616 FRANCIS AVE STREET ADDRESS 2.3 STREET ADDRESS **BARASOTA FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 an attachment with an address

FILED

Apr 24 1998 8:00am

Secretary of State