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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000053109 (3)

MULLIGAN'S CLEAN CUT LAWN CARE, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 1881/801 110 46/80 14/4 06/4/ 084/4 60/4/ 60/4	EKIRO AIKO IIRII O		
1951 OHIO STREET, N.E. 1951 OHIO STREET, N.E. PALM BAY FL 32907-2606 PALM BAY FL 32907-2606									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address						07/23/1993 4. FEI Number		upplied For	
26						59-3200444	⊢	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional	
27								Required	
City & State					ļ	6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	ip Country Zip Co			ılry	****	Trust Fund Contribution LJ Added to Fees 8. This corporation owes or has paid the current year Intangible			
24	25 29 30			Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
MULLIGAN, STEPHEN T JR.				81	Name				
1951 OHIO STREET, N.E.			-	82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
PA	LM BAY FL 32907-2606		-	83			·		
			<u> </u>	84	City		. 85 Zip	Code	
					•	F			
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Horida 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 proded name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN	ID DIRECTORS	13.		*******	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	•			1.1 TITLE			Change	Addition	
NAME	ACCA OTHO OTHERY M.C.			1.2 NAME					
STREET ADDRESS City-St-Zip	BALLA DAY EL CODOT ACCO			1.3 STREET ADDRESS 1.4 City-St-7/P					
TITLE			2.1 TITI		- 30.		Change	Addition	
NAME	2.3		2.2 NAM	2.2 NAME			•		
STREET ADDRESS			2.3 STR		ADDRESS			İ	
CITY-ST-ZIP			2 4 C(1Y-S1-ZIP		1 - ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE	_			3.1 TITLE			L Change	Addition	
NAME			3.2 NAM					ĺ	
STREET ADDRESS	I			3.3 STREET ADDRESS					
CITY-ST-ZIP				34. CITY+ST+ZIP 41 THLE			Change	Addition	
NAME	(4 2 NAME					
STREET ADDRESS			4 3 S1A	E&1 A	ADDRESS				
CHY-ST-ZIP			4.4 CII	/-SI-	- 7IP				
TITLE	1		51 THTL	51 TITLE			☐ Change	Addition	
NAME	.			5.2 NAME					
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP TITLE			-	5.4 C(1Y - ST - Z(P 5.1 T(1) E			Change	Addition	
NAME		- Street	6.2 NAM				L. Diange		
STREET ADORESS					ADDRESS				
CITY-\$1-7IP 6.4 CIT			6.4 CITY	/-ST-	- 71P				
14. I hereby co	ortify that the information supplied w	ith this filing does not qualify for	the exer	npli	on stated in Sc	ection 119.07(3)(i), Florida Statutes. I further	certify that the	e information	

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.

TIN1 15-1600