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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055529

1. Corporation					
PAY PER	CUT LAWN SERVICE, IN	iC.			
Principal Place of Business Mailing Address					·
PO BOX 8454 PO BOX 6454		PO BOX 8454 CLEARWATER FL 34618			
CLEARWATER FL 34618 US US CLEARWATER FL 34618 US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/09/1993
Principal Place of Business 2a. Mailing Add		2a, Mailing Address			4. FEI Number Applied For
21 26					59-3197347 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	├		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax ☑ Yes ☐ No
24	25	1=-1	30		Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	ent Registered Agent	81	Name	
VASC	Duez, Eugene				, , , , , , , , , , , , , , , , , , ,
2159		82	Street	et Address (P.O. Box Number is Not Acceptable)	
CLEA	ARWATER FL 34624		83		
			84	City	FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	e-named	d corporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized by da Statutes	the corp	poration's board of directors. I hereby accept the appointment as registered 3-8-99
SIGNATURE	Signature, pried or printed name of registered	CEnt and title if applicable. (NOTE: I	Registered Ager	nt signature :	e required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	vasquez, Eugene		1.2 NAME		
STREET ADDRESS	2159 NURSERY RD #132		1.3 STREE	FADDRESS	8
CITY-ST-ZIP	CLEARWATER FL 34624		1.4 CITY-S	T-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VASQUEZ, DAVID		2.2 NAME		
STREET ADDRESS	2166 BELL CHEER DR		2.3 STREE	TADORESS	S
CITY-ST-ZIP	CLEARWATER FL 34624		2. 4 CITY-5	T-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS				TADDRESS	8
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-ZIP	Change Addition
TITLE			4 2 NAME		
NAME STREET ADDRESS				T ADDRESS	s
CITY-ST-ZIP			4.4 CITY-S		
TITLE			5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	s
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	s

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.

6.4 CITY-ST-ZIP

SIGNATURE: