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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000069498 (2)

FISHER'S LAWN & LANDSCAPE CORP.

|   |  |                     |                     |                          | <del></del>                       | ···                               |  |                   |                 |
|---|--|---------------------|---------------------|--------------------------|-----------------------------------|-----------------------------------|--|-------------------|-----------------|
| 1   | ce of Business                                 | Mailing Address     |                     |                          |                                   |                                   |  |                   | 18161 1811 1841 |
| 7906 CHESEBORO AVE<br>NORTH PORT FL 34287   |  |                     | 7906 CHESEBORO AVE  |                          |                                   |                                   |  |                   |                 |
| MORIN FOR   | 1 FL 34207                                     | NORTH PORT FL 34287 |                     |                          |                                   |                                   | DO NOT WRITE IN THIS SPACE                             |                   |                 |
| ]   |  |                     |                     |                          |                                   |                                   | 3. Date Incorporated or Qualified                      |                   |                 |
|   |  |                     |                     |                          |                                   |                                   | 10/06/1993   |                   |                 |
| _ :   | Place of Business                              | 2a.                 | Mailing Address     |                          |                                   |                                   | 4. FEI Number  |                   | Applied For     |
| 21  | #  | 26                  |                     |                          |                                   |                                   | 65-0430081   | -                 | Not Applicable  |
| Suite, Apt.   | #, <b>e</b> tc.                                | <b>⊢</b>            | Suite, Apt. #, etc. |                          |                                   |                                   | 5. Certificate of Status Desired                       |                   | Additional      |
| City & Stat   | <u> </u>                                       | City & State        |                     |                          |                                   | ···                               |  |                   | Required        |
| 23  | iu   | -                   | 28                  |                          |                                   |                                   | 6. Election Campaign Financing Trust Fund Contribution |                   | May Be          |
| Zip   | Country  |                     | Zip Country         |                          |                                   |                                   | This corporation owes or has paid the curr.            | ~~~               | d to Fees       |
| 24  |  |                     | 30                  | ,                        |                                   |                                   |  | ntangibie<br>□ No |                 |
|   | 9. Name and Address of Cui                     |                     |                     |                          |                                   |                                   | 10. Name and Address of New Registered Agent           |                   |                 |
| FIS   | SHER, JEFFREY R                                |                     |                     |                          | 81                                | Name                              |  |                   |                 |
| 7906 CHESEBRO   |  |                     |                     |                          | 82                                | Street Add                        | Iress (P.O. Box Number is Not Acceptable)              |                   |                 |
|   | ORTH POINT FL 34287                            |                     |                     |                          | "                                 | Olibbi Add                        | iless (F.O. BOX Northber 18 Not Acceptable)            |                   |                 |
|   |  |                     |                     |                          | 83                                |                                   |  |                   |                 |
|   |  |                     |                     |                          | 84                                | City                              |  | Teel 2:-          | . 0. 4.         |
|   |  |                     |                     |                          |                                   | •                                 | FL   | 1   `             | Code            |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above   |  |                     |                     |                          |                                   | -named corp                       | poration 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                     |                     |                          |                                   |                                   |  | s registered      |                 |
| SIGNATURE   |  |                     |                     |                          |                                   |                                   |  |                   |                 |
| 44  | Signature, typed or printed name of registered |                     |                     |                          | d Ape                             | nt signature requi                | red when reinstating) DATE                             |                   |                 |
| 12.   |  |                     | _                   | 13.                      |                                   | ADDITIONS/CHANGES TO OFFICERS AND |  |                   |                 |
| TITLE   | =  |                     | DELETE              |                          | 1.1 TITLE                         |                                   | i  | Change            | ☐ Addition      |
| NAME  | FISHER, JEFFREY S ADDRESS 7906 CHESEBORO AVE   |                     |                     |                          | 1.2 NAME                          |                                   |  |                   |                 |
| STREET ADDRESS  | MARTH BART E                                   |                     |                     |                          | 1.3 STREET ADDRESS                |                                   |  |                   |                 |
| CITY-ST-ZIP<br>TITLE  | NUNIN FUNI FL                                  |                     | DELETE              |                          | 1.4 CITY - ST - ZiP<br>2.1 TITLE  |                                   |  | Change            | Addition        |
| NAME  |  |                     |                     |                          |                                   |                                   | · ·  | Change            | Addition        |
| 1   |  |                     |                     |                          | 2.2 NAME                          |                                   |  |                   | ļ               |
|   | TREET ADDRESS                                  |                     |                     |                          | 2.3 STREET ADDRESS                |                                   |  |                   |                 |
| CITY-ST-ZIP   |  |                     | DELETE              |                          | 2. 4 CITY - ST - ZIP<br>3.1 TITLE |                                   |  | Change            | Addition        |
| NAME  |  |                     |                     | 3.2 N                    |                                   |                                   | L  | or so 196         | Addition        |
| STREET ADDRESS  |  |                     |                     |                          |                                   | ADDRESS                           |  |                   |                 |
| CITY-ST-ZIP   |  |                     |                     |                          | ITY-S                             |                                   |  |                   |                 |
| TITLE   | · · · · · · · · · · · · · · · · · · ·          |                     | 4.1 TI              |                          | 1-20                              |                                   | Change   | Addition          |                 |
| NAME  |  |                     | <b>—</b>            | 4. 2 NAME                |                                   | ŀ                                 | •  | ondingo           |                 |
| STREET ADDRESS  |  |                     |                     |                          |                                   | ADDRESS                           |  |                   | 1               |
| CITY-ST-ZIP   |  |                     |                     |                          |                                   |                                   |  |                   | İ               |
| TITLE   |  |                     | ☐ DELETE            | 4.4 City-St<br>5.1 Title |                                   | 411                               |  | Change            | Addition        |
| NAME  |  |                     |                     | 5.2 N/                   |                                   | -                                 | •  |                   |                 |
| STREET ADDRESS  |  |                     |                     |                          |                                   | ADDRESS                           |  |                   |                 |
| CITY-ST-ZIP   |  |                     |                     |                          | TY-ST                             |                                   |  |                   |                 |
| TITLE   |  |                     | DELETE              | 6.1 TI                   |                                   |                                   |  | Change            | Addition        |
| NAME  |  |                     | <del></del>         | 6 2 NA                   |                                   |                                   | _  | 3-                | _               |

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 Block 12 or Block 13 if changed, or on an attachment with an address.

63 STREET ADDRESS

6.4 CITY-ST-ZIP