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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400008655

Q'S LAWN SERVICE, INC.

1433 SF 2ND ST

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90072 010 \*\*\*150.00



Mailing Address Principal Place of Business 1433 SE 2ND ST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/24/1994 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 65-0406607 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country ☐ Yes Personal Property Tax. ∏No 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GJESDAHL, QUENTIN Street Address (P.O. Box Number is Not Acceptable) 1433 SE 2ND ST POMPANO BEACH FL 33060 83 84 Zip Code 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition ☐ DELETE 1,1 TITLE TITLE GJESDAHL, QUENTIN 12 NAME NAME 1433 SE 2ND ST 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE [ ] Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition OELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE [] Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIF

CR2E034 (11/98)