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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000018086**1. Corporation Name

SMITTY'S LAWN SERVICES, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90130 029 ***150.00



						48:81 (1881 (8)), 19 (4)	[]
Principal Place	of Business	Mailing Address				75167 11657 15111 25101	
5418 WHITE AVE 5418 WHITE AVE							
PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/02/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0468347		t Applicable
Suite, Apt. a	#, etc	Suite, Apt #, etc	 1		5 Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip Country		Zip	Zip Country		This corporation owes the current year Intangible		
24	25	29 3	30		Personal Property Tax		X(No
	9. Name and Address of Curr				10. Name and Address of New Registe	red Agent	
LIAD	NACCO IAMEC D	COANIC	81 رح +	Name ,	JAMPS R. HADNAGY		
	NAGSO, JAMES R DREW RD	•			Address (P.O. Box Number is Not Acceptable)		
	CE FL 34293		83	ļ			
, verv	OL 1 E O1E00		0.	Ί			
			84	1		FL	Code
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							
Signature, typed or printed name of registered agent and title if applicable (NOTE Re				ent signature re	equired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		APS in 1.5
12.	OFFICERS AND DIRECTORS DIP DELETE		13.		ADDITIONS/GHANGES TO OFFICE R	Change	Addition
TITLE	D/P	Dettere	1	i		() 3	
NAME	SMITH, JAMES R II		13 STREET ADDRESS				1
STREET ADDRESS	ss 5418 WHITE AVE PORT CHARLOTTE FL 33981		14 CitY-ST-ZIP				
CITY-ST-ZIP	D/VP	DELETE □	2 : TITLE	51·ZIP		☐ Change	Addition
TITLE			22 NAME	İ			
NAME	SMITH, SUSAN L 5418 WHITE AVE		23 STREET ADDRESS				
STREET ADDRESS	PORT CHARLOTTE FL 33981		2 4 CITY-ST-ZIP				
TITLE	T GELETE		31 TITLE			☐ Change	☐ Ad 3ition
NAME	SMITH, TIMOTHY L		32 NAME				1
STREET ADDRESS	The state of the s		33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-				
TITLE			4 1 TITLE	·	Sec. O. 1	Change	[X] Addition
NAME			4.2 NAME (OLIVIA N. SMITA		
STREET ADDRESS	DORESS		43 STREE	ET ADDRESS	Sure White City		
CITY-ST-ZIP			44 CHTY - ST - ZIP		Fort charlotte FL 3	3981	
TITLE	☐ DELETE		5 1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	ET ADDRESS			
CITY-ST-ZIP			54 OT	ST-ZIP			
TITLE		□ DELETE.	อ"านกั€E			[T] Change	☐ Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR