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 # 1. Corporation Name P94000019692

HERBLAWN, INC.

Principal Place of Business
13007 SOUTHEAST CORAL LAND HOBE SOUND FL 33455

Mailing Address

13007 SOUTHEAST CORAL LANE HOBE SOUND FL 33455

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90190 047 ***150.00



						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
					03/10/1994			•		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
·	ace of Qualifess,					l			Applicable ~	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8		ditional	
	<u> </u>	ie, Apr. #, 010.			5. Certificate of Status Desired		e Requ			
22										
						6. Election Campaign Financing	• -	.00 м ded to	·	
23	28					Trust Fund Contribution		ded to	1003	
Zip	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax				
24	25 29 30			Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent						
	9. Name and Address of Current	Registered Agent		<u> </u>	NI	10. Name and Address of New Regist	ered Agent			
DOANTS EV. MADIC D				1 1	Name					
BRANILEY, MARK K				82 Street Address (P.O. Box Number is Not Acceptable)						
13007 SOUTHEAST CORAL LANE										
HOBE SOUND FL 33455				83						
			<u>-</u>				los)	Zip Co		
,	•	•	8	4 (City		FI. 85	Zip Co	ide	
44 Durayant 6	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abo	ve-n	named como	oration submits this statement for the purpo	se of changi	ng its re	gistered	
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.										
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statute	es.		N.			,	
SIGNATURE							TE -			
					ignature required	aquired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECTORS			13,		ADDITIONS/CHANGES TO OFFICE	Chi		Addition	
TITLE	P DELETE		1.1 TITLE					ango		
NAME				1.2 NAME						
STREET ADDRESS 13007 SOUTHEAST CORAL LANE			1.3 STREET ADDRESS		DDRESS					
CITY-ST-ZIP	HOBE SOUND FL			1.4 CITY-ST-ZIP						
TITLE			2.1 TITLE	•			Ch	ange	☐ Addition	
NAME	BRANTLEY, GALE M 22N		2.2 NAME	E	ĺ				ſ	
STREET ADDRESS			2.3 STRE	ET AL	DDRESS	رسياسا داداد المساح				
CITY-ST-ZIP	HOBE SOUND FL			2.4 CITY-ST-ZIP					ĺ	
TITLE				3.1 TITLE			Ch	ange	Addition	
	· ·		3.2 NAME						Ì	
NAME					22224					
STREET ADDRESS	•		3.3 STREET ADDRESS							
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NAME			4. 2 NAM	NE		,				
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NAME			5.2 NAM	E	1				}	
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1 . 1	233		5.4 CITY	5.4 CITY-ST-ZIP						
CITY-ST-ZIP			6.1 TITLE					ange	☐ Addition	
			6.2 NAME		l l			-	-	
NAME	-		•		NODECC					
STREET ADDRESS			6.3 STRE						Ì	
CITY-ST-ZIP	Y-ST-ZIP			-ST-Z	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.