

FILE NOW: FILING FEE AFTER MAY 1ST IS \$556.00

FILED

Jun 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000023332 (7)

1. Corporation Name  
AMERICAN LAWN SERVICES, INC.



Principal Place of Business Mailing Address  
~~10010 G WALSHINGHAM ROAD SUITE 249 LARGO FL 34044~~  
~~10010 G WALSHINGHAM ROAD SUITE 249 LARGO FL 34044~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 13496 99th Avenue, North  
Suite, Apt. #, etc.  
22  
City & State  
23 Seminole, FL  
Zip Country  
24 33776-1551 25 USA  
2a. Mailing Address  
26 13496 99th Avenue, North  
Suite, Apt. #, etc.  
27  
City & State  
28 Seminole, FL  
Zip Country  
29 33776-1551 30 USA

3. Date Incorporated or Qualified  
03/28/1994  
4. FEI Number  
59-3231493 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
~~LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED  
543 ALMERIA AVENUE  
CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent  
B1 Name ~~STEVE~~ R.S. Repinski  
B2 Street Address (P.O. Box Number is Not Acceptable)  
13496 99th Ave. No.  
B3  
B4 City Seminole FL B5 Zip Code 33776-1551

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 *John Repinski* Signature of Registered Agent *John Repinski, President* DATE *6/4/98*

12. OFFICERS AND DIRECTORS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | P  | <input type="checkbox"/> DELETE |
| NAME           | REPINSKI, JOHN                                 |                                 |
| STREET ADDRESS | <del>10010 G WALSHINGHAM ROAD, SUITE 249</del> |                                 |
| CITY-ST-ZIP    | <del>LARGO FL 34044</del>                      |                                 |
| TITLE          | T  | <input type="checkbox"/> DELETE |
| NAME           | REPINSKI, R. S                                 |                                 |
| STREET ADDRESS | <del>10010 G WALSHINGHAM RD, SUITE 249</del>   |                                 |
| CITY-ST-ZIP    | <del>LARGO FL</del>                            |                                 |
| TITLE          | VP   | <input type="checkbox"/> DELETE |
| NAME           | REPINSKI, SHELLY                               |                                 |
| STREET ADDRESS | <del>10010 G WALSHINGHAM RD, SUITE 249</del>   |                                 |
| CITY-ST-ZIP    | <del>LARGO FL</del>                            |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |  |
| 13 STREET ADDRESS | 13496 99th Avenue, North   |
| 14 CITY-ST-ZIP    | Seminole, FL 33776-1551  |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |  |
| 23 STREET ADDRESS | 13496 99th Avenue, North   |
| 24 CITY-ST-ZIP    | Seminole, FL 33776-1551  |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |  |
| 33 STREET ADDRESS | 13496 99th Avenue, North   |
| 34 CITY-ST-ZIP    | Seminole, FL 33776-1551  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 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.

*Mulla Mortham - Shelly Repinski - Vice President 4/25/98 812-512 8955*

CR2E034 (10/97)