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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024606 (3)

TOTAL LAWN MAINTENANCE, INC.

## Mar 06 1998 8:00am Secretary of State



Principal Place of Business 1311 S. VINELAND RD. WINTER GARDEN FL 34787	Mailing Address 1311 S. VINELAND RD. WINTER GARDEN FL 3478	7			<u> </u>
				DO NOT WRITE IN 1  3. Date Incorporated or Qualified	THIS SPACE
				03/28/1994	
2. Principal Place of Business 21	2a. Mailing Address 26			4. FEI Number 59-3391215	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	60 7E
City & State	City & State	······································		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28] Zip	Country		Trust Fund Contribution  8. This corporation owes or has paid the	
24 25	.k k	30		Personal Property Tax due June 30.  10. Name and Address of New Registe	☐ Yes ☐ No
9, Name and Address of Current ROBB, PAMELA M	negistered Agent	81	Name	10. Name and Address of New Hegist	ereo Agent
1311 S. VINELAND RD.					
WINTER GARDEN FL 34787			Street Addre	ss (P.O. Box Number is Not Acceptable)	
		83			
		84	City		FL 85 Zip Code
11, Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-	named corpo		
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	f Florida, Such change was au ions of, Section 607,0505, Flor	uthorized by t rida Statutes.	the corporation	on's board of directors. I hereby accept the	a appointment as registered
SIGNATURE					
Signature, typed or pointed name of registered agent	The state of the s		signature requirer		ATE E
12. OFFICERS AND	DIRECTORS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	
DEMOVELLES DICHARDS S	L Diffile	1.1 TITLE			Change Addition
140 BARN OT		1.2 NAME			Į
WINDEDLIEDE EL 24700		1.3 STREET A			Įį
TITLE D	DELETE	1.4 CITY-ST- 2.1 TITLE	ZIP		☐ Change ☐ Addition
NAME DENOYELLES, TRACY P	□ betten				
STREET ADDRESS 118 MAIN ST.		2.2 NAME	DDDCCC		
WINDEDNIEDE EL 24700		2.3 STREET A	· · · · · · · · · · · · · · · · · · ·		ì
TRILE TRILE	DELETE	2.4 CITY-ST 3.1 TITLE	- ZIP		Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET A	DORESS		
CITY-SI-ZIP		3.4. CITY-ST	1		
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET A	DORESS		i
CITY-SI-ZIP		4.4 CITY-ST-			
TITLE	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	<del>-</del>	5.2 NAME			
STREET ADDRESS		5.3 STREET A	DORESS		
City-si-zip		54 CITY-ST-			
TITLE	DELFTE	61 TITLE			Change Addition
NAME	<del></del>	6.2 NAME			-
STREET ADDRESS		6.3 STREET A	DORESS		
CITY-S1-ZIP		64 CITY-ST-			

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 suppliemental 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 altachment with an address