

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

FILED
May 01 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 # P94000025429 (9)

1. Corporation Name
TOMS LAWN MAINTENANCE INC

Principal Place of Business
5698 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY FL 33848

Mailing Address
5698 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY FL 33848

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1994

2. Principal Place of Business

21 4140 East Vista Cir
Suite, Apt. #, etc.

22 City & State

23 Kissimmee, FL
Zip Country

24 34746

2a. Mailing Address

26 4140 East Vista Cir
Suite, Apt. #, etc.

27 City & State

28 Kissimmee, FL
Zip Country

29 34746

4. FEI Number

59-3247955

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

MILLER, THOMAS M
5698 S. ORANGE BLOSSOM TRAIL
INTERCESSION CITY FL 33848

10. Name and Address of New Registered Agent

81 Name

Miller, Thomas M.

82 Street Address (P.O. Box Number is Not Acceptable)

4140 East Vista Cir

83

84 City

Kissimmee

FL

85 Zip Code

34746

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, THOMAS M
STREET ADDRESS 5698 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP INTERCESSION CITY FL 33848

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address.

CR2E034 (10/97)