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

FILED
Jul 13 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 # P94000038056 (5)

1. Corporation Name
TRIATHLAWN LAWN CARE, INC.

Principal Place of Business
505 VELAS CORTE
INDIALANTIC, FL 32903

Mailing Address
505 VELAS CORTE
INDIALANTIC, FL 32903

Amendment

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994

4. FEI Number: 59-3244166 ☐ 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

2. Principal Place of Business		2a. Mailing Address	
21	474 COMMODORE AVENUE NW	26	474 COMMODORE AVENUE NW
Suite, Apt #, etc 22		Suite, Apt #, etc 27	
City & State 23	PALM BAY FL	City & State 28	PALM BAY FL
Zip 24	32907	Zip 29	32907
Country 25	US of A	Country 30	US of A

9. Name and Address of Current Registered Agent

SOUCHECK, JOHN P.
505 VELAS CORTE
INDIALANTIC, FL 32903

10. Name and Address of New Registered Agent

81	Name	SOUCHECK, JOEL P.
82	Street Address (P.O. Box Number is Not Acceptable)	474 COMMODORE AVENUE NW
83		
84	City	PALM BAY FL
85	Zip Code	32907

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] JOEL P. SOUCHECK / PRESIDENT / 7-1-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SOUCHECK, JOHN P.		1.2 NAME	
STREET ADDRESS	505 VELAS CORTE		1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903		1.4 CITY-ST-ZIP	
TITLE	STD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SOUCHECK, BLANCHE E.		2.2 NAME	
STREET ADDRESS	505 VELAS CORTE		2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	SOUCHECK, JOEL P.		3.2 NAME	SOUCHECK, JOEL P.
STREET ADDRESS	505 VELAS CORTE		3.3 STREET ADDRESS	474 COMMODORE AVENUE NW
CITY-ST-ZIP	INDIALANTIC, FL 32903		3.4 CITY-ST-ZIP	PALM BAY, FL 32907
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200002588462
STREET ADDRESS			6.3 STREET ADDRESS	-07/14/98--01064--014
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25

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.

SIGNATURE: [signature] JOEL P. SOUCHECK — PRESIDENT 7-1-98 (407) 773 - 0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)