## 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 # P9400054926 (8)

GENESIS LAWN & LANDSCAPE MAINTENANCE, INC.

Principal Place of Business Mailing Address 1985 SIR LANCELOT CIRCLE P. O. BOX 702167 8T. CLOUD FL 34772 ST. CLOUD FL 34770-2167

**FILED** May 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1994 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 59-3257570 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired 13 Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 26 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BUEHLER. GREGORY** 81 Name 1985 SIR LANCELOT CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 ST. CLOUD FL 34772 83 84 City 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 lifte if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **BUEHLER, GREGORY** NAME 1.2 NAME % 1985 SIR LANCELOT CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**SIGNATURE:** 

4-19-98

407-957-7037

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