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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400064047 (1)

R J HOME REPAIR & LAWN CARE, INC.

Principal Place of Business Mailing Address 318 GREENACRES ROAD 271 BRIAN CIR. SUITE 3 MARY ESTHER FL 32569 FORT WALTON BEACH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3267790 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z(g)Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 30 ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TEW, RANDALL J Name **271 BRIAN CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) MARY ESTHER FL 32569 83 84 City Zip Code 85 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, typod or printed name of registered ligent and little d applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTSV TITLE DELETE 1 1 TITLE Change Addition **TEW RANDALL J** NAME 12 NAME 271 BRIAN CIRCLE STREET ADDRESS 1.3 STREET ADDRESS MARY ESTHER FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE Change Addition 21 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS

CITY-ST-7IP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrural 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 or on an attactor with amount of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-71P

TITLE

NAME

TITLE

NAME

TITLE

NAME

4Feb 1998

(850)243-570 1

Change

Change

Change

Addition

Addition

■ Addition

FILED

Feb 10 1998 8:00am

Secretary of State