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

Mailing Address 271 BRIAN CIR.

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400064047

R J HOME REPAIR & LAWN CARE, INC.

**FILED** Jan 22, 1999 8:00am **Secretary of State** 

01-22-1999 90017 032 \*\*\*150.00



318 GREENACRES ROAD MARY ESTHER FL 32569 SUITE 3 DO NOT WRITE IN THIS SPACE FORT WALTON BEACH FL 32547 3. Date incorporated or Qualifed 08/26/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3267790 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TEW, RANDALL J Street Address (P.O. Box Number is Not Acceptable) 271 BRIAN CIRCLE MARY ESTHER FL 32569 83 Zip Code 84 City 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.1 TITLE TITLE **PTSV** 1.2 NAME NAME TEW RANDALL J STREET ADDRESS **271 BRIAN CIRCLE** 1.3 STREET ADDRESS MARY ESTHER FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TIT! F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 coprofation 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 attaying at \$\frac{1}{2}\$ and the true and 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 attaying at \$\frac{1}{2}\$ and the true and 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 attaying at \$\frac{1}{2}\$ and the sum of the

CITY-ST-ZIP

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