

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015936 (4)

1. Corporation Name
LAWNS ETCETERA, INC.

Principal Place of Business
301 DOW CT.
GREEN COLE SPRINGS FL 32043
US

Mailing Address
P.O. BOX 455
DOCTOR'S INLET FL 32030



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1995

4. FEI Number
59-3300594

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
21 89 KNIGHT BOXX ROAD
Suite, Apt. #, etc.
22
City & State
23 ORANGE PARK FL
Zip
24 32065 Country
25 USA
26 89 KNIGHT BOXX ROAD
Suite, Apt. #, etc.
27
City & State
28 ORANGE PARK FL
Zip
29 32065 Country
30 USA

9. Name and Address of Current Registered Agent

THOMAS, L E
228 JESSIE LEE CT.
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

THOMAS LEONARD E
89 KNIGHT BOXX ROAD
ORANGE PARK FL 32065

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 reinstalling)

3-31-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	THOMAS, LEONARD E	
STREET ADDRESS	301 SOW CT.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VP	DELETE
NAME	THOMAS, EDDIE F	
STREET ADDRESS	6273 DUPONT STATION COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	THOMAS, LEONARD E		
1.3 STREET ADDRESS	89 KNIGHT BOXX ROAD		
1.4 CITY-ST-ZIP	ORANGE PARK FL 32065		
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

3-31-98

CR2E034 (10/97)