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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000023849 (9)

A&K LAND, LAWNS AND HOME SERVICES, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	ailing Address			
	AWASSEE ROAD	2457 A S HIAWASSEE RD				
ORLANDO FL 32835 US		ORLANDO FL 32835 US	ORLANDO FL 32835		DO NOT WRITE IN THIS SPACE	
. 00		US			3. Date Incorporated or Qualified	
					03/23/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3308030	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City P. Stole			27			Fee Required
City & State		⊢¬ '	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Cour	ntrv	B. This corporation owes or has paid to	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
 1	9. Name and Address of Curre		1001		10. Name and Address of New Regist	
HOLLIMAN, KEITH				81 Name	HOLLIMAN KE	iTH
	16 HEADDRESS DRIVE		82 Street Ad		ress (P.O. Box Number is Not Acceptable)	1111
	SSIMMEE FL 34746			000.700	148 BRIDGEST	ONE DRIVE
				83		
				84 City		85 Zip Code
				" ~ o (SCANDO	FL 85 30 CO 835
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 profetid name of tregistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re 12. OFFICERS AND DIRECTORS				Agont signature requ	ADDITIONS/CHANGES TO OFFICER:	
TITLE	DP	DELETE	13. 1.1 TIT	LE T	ADDITIONS OF WINDER TO OFFICE IN	Change Addition
NAME	HOLLIMAN, KEITH		1.2 NAI	ME		
STREET ADDRESS 3118 HEADDRESS DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY - ST - ZIP			1
TITLE	D	DELETE	2.1 T(T)			Change Addition
NAME	HOLLIMAN, AUDREY		2.2 NA!	ME		
STREET ADDRESS	3116 HEADDRESS DRIVE		2:3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34748		2. 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TiTl	.E		Change Addition
NAME			3.2 NA	AE		
STREET ADDRESS			3.3 STF	LEET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		L] DELETE	4.1 TITE	1		☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		Y-S1-ZIP		Change Addition
NAME		□ nereig	5.1 HIR 5.2 NAM			Change LJ MUU(IDI)
STREET ADDRESS				1		
				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	61 TH	Y-ST-ZIP F		Change Addition
NAME			6 2 NAM	ľ		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
	and the state of the second second second second	The first Court Date of the Court of			Castian 110 07(3)(i) Florida Statutan furth	

r nereoy 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. (407) 294 9058 SIGNATURE: