

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030416

1. Corporation Name

GRASS ROOTS LAWN MAINTENANCE & LANDSCAPE, INC.

Principal Place of Business

1581 RUCKEL DR.
NICEVILLE FL 32578

Mailing Address

1581 RUCKEL DR.
NICEVILLE FL 32578

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90219 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1995

4. FEI Number

59-3310136

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 136 Edge Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 136 Edge Ave
Suite, Apt. #, etc.

City & State

23 Valparaiso, FL

City & State

28 Valparaiso, FL

Zip Country

24 32580

Zip Country

29 32580

30

9. Name and Address of Current Registered Agent

JOHNSON, MARLA
1581 RUCKEL DR.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

Ruth Kirkpatrick

82

Street Address (P.O. Box Number is Not Acceptable)

136 Edge Ave

83

84 City

Valparaiso

FL

85 Zip Code

32580

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 Ruth Kirkpatrick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
KIRKPATRICK, RUTH
STREET ADDRESS 136 EDGE AVE.
CITY-ST-ZIP VALPARISO FL 32580

TITLE ☐ DELETE

NAME DS
KIRKPATRICK, JAMES
STREET ADDRESS 136 EDGE AVE.
CITY-ST-ZIP VALPARISO FL 32580

TITLE ☒ DELETE

NAME DV
JOHNSON, ROGER
STREET ADDRESS 1581 RUCKEL DR.
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☒ DELETE

NAME DT
JOHNSON, MARLA
STREET ADDRESS 1581 RUCKEL DR.
CITY-ST-ZIP NICEVILLE FL 32578

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 ☒ Change ☐ Addition

1.2 NAME D/P/T
Kirkpatrick, Ruth

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D/V/S
Kirkpatrick, James

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, with all other like empowered.

053597

CR2E034 (11/98)