


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90118 039 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P95000035300 | | | | | |
| 1. Corporation Name SOUTHERN LAWN CARE & MAINTENANCE, INC. | | | | | |
| Principal Place of Business 8015 S. 78TH STREET RIVERVIEW FL 33569 | | | Mailing Address 8015 S. 78TH STREET RIVERVIEW FL 33569 | | |
| 2. Principal Place of Business 21 1406 Piney Branch Cir. Suite, Apt. #, etc. 22 City & State 23 Valrico, FL. Zip Country 24 33594 25 USA | | 2a. Mailing Address 26 1406 Piney Branch Cir. Suite, Apt. #, etc. 27 City & State 28 Valrico, FL. Zip Country 29 33594 30 USA | | 3. Date Incorporated or Qualified 05/01/1995 4. FEI Number 59-3310223 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent RUFFNER, BRIAN D 8015 S. 78TH STREET RIVERVIEW FL 33569 | | | 10. Name and Address of New Registered Agent 81 Name Ruffner Brian D. 82 Street Address (P.O. Box Number is Not Acceptable) 1406 Piney Branch Cir. 83 84 City Valrico 85 FL 86 Zip Code 33594 | | |
| 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 Brian Ruffner Brian Ruffner President 3-14-99 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 12. OFFICERS AND DIRECTORS TITLE PD NAME BRIAN D. RUFFNER STREET ADDRESS 8015 S 78TH ST CITY-ST-ZIP RIVERVIEW FL <input checked="" type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Brian D. Ruffner 1.3 STREET ADDRESS 1406 Piney Branch Cir. 1.4 CITY-ST-ZIP Valrico, FL. 33594 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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. | | | | | |

SIGNATURE: **Brian Ruffner** **Brian Ruffner** **3-14-99** **(813) 655-3938**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)