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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000038873 (2)

ONE SHOT LAWN & DESIGN COR	P.						
Principal Place of Business	Mailing Address				ı impirant ilm inimi milli aneli malifi dəlili anına iltili	AND NE ROCCE RANDON ILLE FOOT	
620 RENNAISANCE PT #212 ALTAMONTE SPRINGS FL 32714	620 rennaisance PT #212 Altamonte springs i	FL 32714			DO NOT WRITE IN THIS S	PACE	
US	US			5	 Date Incorporated or Qualified 05/15/1995 		
2. Principal Place of Business	2a. Mailing Address			4	4. FEI Number	Applied For	
21					65-062 <u>1024</u>	Not Applicat	ıble
Suite, Apt. #, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			ē	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip 29	30 Cour	ntry	ε	 This corporation owes or has paid the curre Personal Property Tax due June 30. 	ent year Intangible Yes	
9, Name and Address of Current Registered Agent			10	Name and Address of New Registered A	gent		
RIVERA, RAYMOND R			81	Name		-	
620 RENNAISANCE PT APT 212			82	Street Address	(P.O. Box Number is Not Acceptable)		-
ALTAMONTE SPRINGS FL 32714			83				
			84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of	t and 607.1508, Florida Statu of Florida. Such change was	tes, the ab authorized	ove by	-named corporati	ion submits this statement for the purpose of one submits this statement for the purpose of directors. I hereby accept the appoint	hanging its registered	ed d

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 little if applicable. (NOTE:	Registered Agent signature requ	ulred when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DELETE	1,1 TITLE	Change Addition
NAME	RIVERA, RAYMOND R	1,2 NAME	
STREET ADORESS	620 RENNAISANCE PT., APT 212	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	: Change Additio
NAME		2.2 NAME	. · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2. 4 City-St-ZiP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-SI-ZIP		3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Additio
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
		T	

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.

FILED

Jan 22 1998 8:00am

Secretary of State