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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046315 (4)

LAWN ENFORCEMENT, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			T TO DELIGORATION THE INSIDE MENT AND IT WAS A SECTION OF THE STREET WAS A TOWN				
2386 8TH AVE NE		2366 8TH AVENUE NE							
NAPLES FL 34120		NAPLES FL 33964			mo not w	RITE IN THIS	SPACE		
US						3. Date Incorporated or Qualif			
						06/15/1995	-		
2. Principal P	Place of Business	2a. Mailing Address	•			4. FEI Number		TA	oplied For
21		26				65-0596867		 	ot Applicable
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
22	.,	27				5. Certificate of Status Desired		·	equired
City & Stat	9	City & State				6. Election Campaign Financin	<u> </u>	\$5.00	May Be
23		28				Trust Fund Contribution	" D		to Fees
Zip	Country	Ζφ	Co	untry		B. This corporation owes or ha	s paid the cu	rrent year In	tangible
24	25	29	30			Personal Property Tax due			₫ No
	9. Name and Address of Curre	nt Registered Agent		\Box		10. Name and Address of Nev	Registered	Agent	
AN	DERSON, MARK W			81	Name				
2366 8TH AVENUE NE				82 Street Address (P.O. Box Number is Not Acceptable)					
	PLES FL 33964			32	SHOEL AC	ACCEPTANCE OF THE PROPERTY OF	hraniel		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				83					
					-0:4				Carla
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	ules, the	above	-named co	orporation submits this statement for	he nurnose o	f changing it	ts registered
l office or i	registered agent, or both, in the State om familiar with, and accept the oblic	e of Florida. Such change wa:	s authoriza	ed by	the corpor	ration's board of directors. I hereby a	ccept the app	pointment as	registered
	and talking. With, and books the ornig	ganionia en, operiori con coose, i	i ionau ou		·-				
SIGNATURE	Signature, typod or printed name of registered ag	pent and life if applicable (N	OTE: Register	ed Ager	nt signature rec	quired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN	DIRECTOR	RS IN 12
TITLE	D	DELETE	1.11	TITLE				☐ Change	Addition
NAME	ANDERSON, MARK W		1.21	NAME					
STREET ADDRESS	2366 8TH AVENUE NE		1.3 :	STREET	address				
CITY-ST-ZIP	NAPLES FL 33964		1.44	CITY-ST	I-ZIP				
TITLE	0	☐ DELET E	2.1	TITLE				Change	Addition
NAME	ANDERSON, SUSAN		2.21	NAME	1				Ï
STREET ADDRESS	2366 8TH AVENUE NE		2.3 3	STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL 33964		2.4	CITY-S	T-ZIP				
TITLE .		DELETE	3.1	TITLE				Change	Addition
NAME			3.21	NAME	Ì				
STREET ADDRESS	•		3.3 9	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME			4.2	NAME					1
STREET ADDRESS			4.3 9	STREET A	ADDRESS				
CITY-ST-ZIP			4.4 (C(TY-S1	r-21P				
TITLE		DELETE		TITLE				Change	Addition
NAME			5.21	NAME	-				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			B -	CITY-SI					
TITLE		DELETE		TITLE				☐ Change	☐ Addition
NAME			1	NAME	Ì			_ •	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			ı	CITY-ST					
OUT TO CATE			0,4 (ازت تبران	EH 1				

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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change it, or on an attachinely with an address.

ALANIATURE.

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Susan Andresa U

1/20108 941-1455-690