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

PROFIT CORPORATION ANNÜAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058741

1. Corporation Name

DMI LAWNSCAPES, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90154 014 ***317.50



1									
Principal Place of Business Mailing Address							() 68 ()) 6 4(8) 4		
400 TONEY PEN	NNA DRIVE	400 TONEY PENNA DRIVE				}			
JUPITER FL 334	JUPITER FL 33458				DO NOT WRITE IN THIS SPACE				
	•				•	3. Date Incorporated or Qualifed			
						07/31/1995			
2. Principal Place of Business 2a. Mailing Add			dress			4. FEI Number		\vdash	Applied For
21		26	26			00 000001		Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	3 3		Additional Required
22 27						6 Flating Committee Figure 2			0 May Be
City & State	· ·	28	¬ · ·			6. Election Campaign Financing Trust Fund Contribution			d to Fees
Zip	Country		Zip Country			8. This corporation owes the curre	ent vear Inta	ngible	
24	25 29 30		_	• • • • • • • • • • • • • • • • • • • •		Personal Property Tax.	*** **		
	9. Name and Address of Curre		-			10. Name and Address of New R	egistered /	Agent	
S. Hallo and Advances of the Control					Name				-
VAUGHN, DAVID K 400 TONEY PENNA DRIVE				82	Street Addre	iress (P.O. Box Number is Not Acceptable)			
JUPITER FL 33458			-	83					
			1	84	City			85 Zi	p Code
1			1	ì	•		<u>FL</u>	1	` <u></u>
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		Alone.	** *******		signature required	when reinstating)	DATE		\
Organica, types of printed that of regions of the control of the c					signature required	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	D OFFICERS A	DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Chang	
NAME	VAUGHN; DAVID K		1.2 NAJ						
STREET ADDRESS	400 TONEY PENNA DRIVE		1		ADDRESS	•			1
1	JUPITER FL 33458	o total terms brace		Y-ST			,		
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE					Chang	e Addition
NAME	SPRINGER, SHERIDAN M	_	2.2 NAME						ļ
STREET ADDRESS	400 TONEY PENNA DRIVE				ADDRESS				
}	JUPITER FL 33458		2.4 CITY-S						
CITY-ST-ZIP	D	C DELETE			1.2.			- Chang	e
NAME	LEWIS, GLEN		3.2 NA		}				1
STREET ADDRESS	3144 S.E. INDIAN STREET		1		ADDRESS				
l f	STUART FL 34997			TY-\$1	1				
TITLE	<u> </u>	DELETE 41						Chang	e Addition
NAME			4. 2 NA	ME					}
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		☐ DELETE	5.1 TITLE					Chang	e Addition
NAME			5.2 NA						J
STREET ADDRESS			5.3 STI	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP				
TITLE		☐ DELETE	6.1 TIT	1.E			******	Chang	ge Addition
NAME		_	6.2 NA	ME					ſ
STREET ADDRESS			6,3 ST	REET	ADORESS				1
SIREEI ADDRESS			6.4 CIT	Y-ST	r-ZIP				Į
CITY-ST-ZIP	<u></u>								

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:

XXXXXITE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID K. VAUGHN

(S61)74<u>7-5565</u>