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 # P95000064825

1. Corporation Name

LAWN & LAND, CO. INC. NAME CHANGE

LAWAL CONTRACTORS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90030 036 ***150.00



| NAMO CONTINUES | | | | | |
|---|---|---------------------------------------|---|---|--|
| Principal Place | | Mailing Address | | | |
| 2406 24TH AVE E P O BÔX 14280 PALMETTO FL 34221 BRADENTQN FL 3428 | | P O BÔX 14280 Bradenton Fl 34280 | | | |
| us | • | US \ | | DO NOT WRITE IN THIS SPACE | |
| | | ` | | 3. Date Incorporated or Qualifed 08/22/1995 | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For | |
| 21 | | 26 PO 66X | 2019_ | 65-0611757 Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | • | 5. Certifcate of Status Desired \$8.75 Additional Fee Required | |
| City & State | е | City & State mf 1 | , FC | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 74220 30 | ¬ | E Personal Property Tax. ☐ Yes ☐ No | |
| 24 | 9. Name and Address of Current | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | | |
| SAB | ATINO, MICHAEL E | | 92 Street Address (D.O. Boy Number in Not Acceptable) | | |
| 1228 56TH STREET WEST | | | 82 Street A | Address (P.O. Box Number is Not Agreptable) | |
| BRA | DENTON FL 34209 | | 83 | | |
| | | | | | |
| | 11-4-1- | | 84 PA | LMETTO FL 85 ZIP Code 3422/ | |
| 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 | | AVOTE: Da | egistered Agent signature re | quired when reinstating) DATE | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P , | DELETE | 1.1 TITLE | Change Addition | |
| NAME | SABATINO, MICHAEL E | التوسية والمراجعة المساور | 4011115 | | |
| | 1228 56TH STREET WEST | | 1.3 STREET ADDRESS | 2406 24TH AVE | |
| STREET ADDRESS | BRADENTON FL 34209 | | 1.4 CITY-ST-ZIP | 2406 24TH AVE PALMETTO FL 34221 | |
| CITY-ST-ZIP | Bradelition TE 34203 | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition | |
| | | | 2.2 NAME | <i>y</i> – | |
| NAME | | | 2.3 STREET ADDRESS | | |
| STREET ADDRESS | | | r | | |
| CITY-ST-ZIP | | DELETE | 2.4 CrTY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE | • | | 3.2 NAME | | |
| NAME | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | ļ | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | ☐ Change ☐ Addition | |
| TITLE | | LJ VELETE | ■ | | |
| NAME | | • | 4. 2 NAME | , | |
| STREET ADDRESS | ·. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | — — — — — — — — — — — — — — — — — — — | 4.4 CiTY-ST-ZIP | Change Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | L., Criange Addition | |
| NAME | (| į | 5.2 NAME | · | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ļ | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | □ Ob □ Addition | |
| TITLE | • | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition | |
| NAME | ۱, | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY_ST_7IP | | | 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:

ICER OR DIRECTOR