

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000066662 (4)

1. Corporation Name

FAIRWAY LAWN MANAGEMENT, INC.

Principal Place of Business

13240 MORNING SUN DRIVE  
JACKSONVILLE FL 32225

Mailing Address

13240 MORNING SUN DRIVE  
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1995

4. FEI Number

59-3329223

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1015 ATLANTIC BLVD

Suite, Apt. #, etc.

22 SUITE 264

City & State

23 ATLANTIC BEACH, FL

Zip

24 32233

Country

25 USA

2a. Mailing Address

26 1015 ATLANTIC BLVD.

Suite, Apt. #, etc.

27 SUITE 264

City & State

28 ATLANTIC BEACH, FL

Zip

29 32233

Country

30 USA

9. Name and Address of Current Registered Agent

BRYAN, ALTON JAMES  
13240 MORNING SUN DRIVE  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

BRYAN ALTON JAMES

82 Street Address (P.O. Box Number is Not Acceptable)

8090 ATLANTIC BLVD APT. F-106

83

84

City JACKSONVILLE

FL

85 Zip Code 32211

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

ALTON JAMES BRYAN

(NOTE: Registered Agent signature required when reinstating)

2/2/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PTSD ☒ DELETE  
NAME BRYAN, ALTON JAMES  
STREET ADDRESS 13240 MORNING SUN DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ~~PTSD~~ ☐ DELETE  
NAME ~~BRYAN, ALTON JAMES~~  
STREET ADDRESS ~~8090 ATLANTIC BLVD~~  
CITY-ST-ZIP

TITLE PTSD ☐ DELETE  
NAME BRYAN, ALTON JAMES  
STREET ADDRESS 1015 ATLANTIC BLVD SUITE 264  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

ALTON JAMES BRYAN

2/2/98

CR2E034 (10/97)