PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000094301

1. Corporation Name

GEORGES LAWN SERVICE, INC. Principal Place of Business Mailing Address 6024 S.W. 26TH STREET 1900) TYW APT 102 MIRAMAR FL 33023 12 CT MIRAMA 6135 S.W. 40TH STREET 19001 NED WIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE FL 33169 3. Date Incorporated or Qualifed 12/08/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 <u>Applied for</u> Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zic □No ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MORANT, GEORGE Street Address (P.O. Box Number is Not Acceptable) 82 20451 N.W. 2ND AVE SUITE 106 **MIAMI FL 33169** City Zip Code 84 85 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. UN MANORAL PORT Car mound SIGNATURE ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME MORANT, GEORGE STREET ADDRESS 19001 NW 12 CT 1.3 STREET ADDRESS MIAMI FL 33169 1.4 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition C DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TIŢLE 3.2 NAME NAME<sup>®</sup> 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

305-493-9862

FILED

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90175 035 \*\*\*150.00

CR2E034 (11/98)