

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000006820 (0)**

1. Corporation Name

PREMIER LAWN AND LANDSCAPE, INC.



Principal Place of Business

Mailing Address

**ROUTE 4, BOX 1590
HAVANA FL 32333**

**ROUTE 4, BOX 1590
HAVANA FL 32333**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1996

4. FEI Number

59-3362971

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 1086

Suite, Apt. #, etc.

27

City & State

28

HAVANA FL

29

32333

Country

30

USA

9. Name and Address of Current Registered Agent

**WHIDDON, WAYNE
ROUTE 4, BOX 1590
HAVANA FL 32333**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE

NAME **WHIDDON, WAYNE**
STREET ADDRESS **ROUTE 4, BOX 1590**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **PD** ☒ DELETE

NAME **WHIDDON, JAMES**
STREET ADDRESS **ROUTE 4, BOX 1590**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **S** ☐ DELETE

NAME **WHIDDON, CELESE**
STREET ADDRESS **ROUTE 4, BOX 1590**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **T** ☒ DELETE

NAME **WHIDDON, DEBBIE**
STREET ADDRESS **ROUTE 4, BOX 1590**
CITY-ST-ZIP **HAVANA FL 32333**

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 **PD** ☒ Change ☐ Addition

1.2 NAME **WHIDDON, WAYNE**

1.3 STREET ADDRESS **RT 4 Box 1590**

1.4 CITY-ST-ZIP **HAVANA FL 32333**

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

Wayne Whiddon

CR2E034 (10/97)