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 # P9600007455

1. Corporation Name AMLAWN SERVICES, INC.

Principal Place of Business

17390 83RD PLACE N. LOXAHATCHEE FL 33470 US

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

17390 83RD PLACE N. LOXAHATCHEE FL 33470

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90056 001 ***150.00



DO NOT WRITE I	IN THIS SPACE

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certifcate of Status Desired

01/22/1996

4, FEI Number

Zip	City & State	9	City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Section Sect			_ 28			Secotor.				4	
9. Name and Address of Current Registered Agent JAMES, ROBERT A 17390 83RD PLACE N. LOXAHATCHEE FL 33470 83 64 City FL 85 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 option of 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 option of board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D JAMES, ROBERT A 1330 83RD PLACE N. 133NREET ADDRESS 14 ACTIV-ST-ZP TITLE DELETE 14 TITLE DELETE 15 TITLE DELETE 15 TITLE Change Addition A			Ь							IZNo.	
JAMES, ROBERT A 17390 83RD PLACE N. LOXAHATCHEE FL 33470 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 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, 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, and familiar with, and accept the obligations of, Section 607.0502 Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505. Proficed Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505. Proficed Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, and accept the obligations of, Section 607.0505. Proficed Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, and accept the obligation of, Section 607.0505. Proficed Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, and accept the obligation of, Section 607.0505. Proficed Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, and of interiors. I hereby accept the obligation of, Section 607.0505. Proficed Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, and of interiors. I hereby accept the obligation of, Section 607.0505. Proficed Statutes, the above-named corporation's board of directors. I hereby accept the obligation of, Section 607.0505. Proficed Statutes, the abov	24							1		YEMO	
JAMES, ROBERT A 17390 83RD PLACE N. LOXAHATCHEE FL 33470 82 Street Address (P.O. Box Number is Not Acceptable) 84 City		9. Name and Address of Currer	nt Regis	stered Agent_		04	Nama	10. Name and Address of New Registere	u Agent		
17390 83RD PLACE N. LOXAHATCHEE FL 33470 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 Iorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and married married agent, and married agent, and married agent and title if applicable. (NOTE: Registered Agent agentative recurred when reinstains) OAIE	1414	re penent A				01	Name			j	
LOXAHATCHEE FL 33470 84	· · · · · · · · · · · · · · · · · · ·						82 Street Address (P.O. Box Number is Not Acceptable)				
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signatur											
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 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, hyped or printed name of registered agent and title if appointments. (NOTE: Registered Agent signature required when reinstating)	LOXA	AHATCHEE FL 334/U				83	1			}	
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 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, hyped or printed name of registered agent and title if appointments. (NOTE: Registered Agent signature required when reinstating)						84	City		_ 85 Zip (Code	
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Flonda Statutes. SIGNATURE 12							-	-			
Signature, typed or printed name of registared agent agent and title if appticable.	office or re	egistered agent, or both, in the State	of Florid	da. Such chanc	ge was autnor	ized by	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
12.	SIGNATURE	Classitive based or printed name of registered age	nt and title	if anni-cable	(NOTE: Regis	tered Ager	nt signature required	when reinstating) OATE		—— }	
TITLE D DELETE 1.1 TITLE Change Addition NAME JAMES, ROBERT A 12 NAME 17390 83RD PLACE N. 13 STREET ADDRESS CITY. ST-ZIP LOXAHATCHEE FL DELETE 2.1 TITLE NAME 22 NAME 22 NAME 23 STREET ADDRESS CITY. ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY. ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY. ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY. ST-ZIP DELETE 3.4 CITY. ST-ZIP TITLE DELETE 3.4 CITY. ST-ZIP TITLE DELETE 3.4 CITY. ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY. ST-ZIP Change Addition Addition Addition TITLE DELETE 3.4 CITY. ST-ZIP TITLE DELETE 4.1 TITLE TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY. ST-ZIP DELETE S.1 TITLE NAME STREET ADDRESS S.1 TITLE NAME STREET ADDRESS S.1 TITLE S.1 TITLE S.1 TITLE S.1 T									AND DIRECTO	RS IN 12	
NAME JAMES, ROBERT A 17390 83RD PLACE N. 13 STREET ADDRESS CITY-ST-ZIP		-							☐ Change	Addition	
17390 83RD PLACE N. 13 STREET ADDRESS 14 CITY-ST-ZIP		_				.2 NAME					
CITY. ST. ZIP LOXAHATCHEE FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE						3 STREET	ADDRESS			- 1	
TITLE	1				i.	A CITY-S	T-ZIP			1	
NAME		EOMINIONEL 1		□ D€					☐ Change	☐ Addition	
STREET ADDRESS 23 STREET ADDRESS 2.4 CITY-ST-ZIP						2.2 NAME					
2.4 CITY-ST-ZIP						2.3.STRFF1	LADDRESS				
DELETE 3.1 TITLE Change Addition											
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME S2 NAME CANTEST ADDRESS CANTEST ADDRESS CANTEST ADDRESS				□ DI			<u> </u>	•	Change	☐ Addition	
STREET ADDRESS STREET ADDRESS 23.3 STREET ADDRESS 24.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE NAME 5.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP S.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP Change Addition						3.2 NAME					
STREET ADDRESS SA, CITY-ST-ZIP SA, CITY-ST-ZIP Addition Change Addition Ad							TADDRESS			,	
DELETE	·									i	
NAME				□ o □					☐ Change	☐ Addition	
STREET ADDRESS 4.3 STREET ADDRESS					1						
A4 CITY-ST-ZIP							T ADDRESS				
TITLE DELETE 5.1 TITLE Change Addition NAME S2 NAME S3 CTREET ADDRESS							1			í	
NAME 52 NAME		 							Change	☐ Addition	
52 CTOPET ADDRESS											
STREET ALUNESS;						5.3 STREET	T ADDRESS				
5ACITY, ST7/P)			1	5.4 CITY-S	T-ZIP				
									Change	☐ Addition	
C 2 AIAME						6.2 NAME			_ •		
NAME 6 2 STOCKET ADDRESS							T ADDRESS				
SIRELI AUUKESS		1									
14. I hereby certify that the information supplied with this filling 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 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 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 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 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 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 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 indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on this annual report of the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oa	44 11 1	Alfa Alabata information assembled	dela eleja :	filing door not	qualify for the	evemnt	ion stated in S	ection 119.07(3\(ii) Florida Statutes further	ertify that the i	information	

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

Not Applicable