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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600030854

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90071 031 ***150.00

	n Name								
SOUTHE	ern Clipper Lawn Groom	AING, INC.							
							1111 99 188 (1111 89 18) 1 810		
Principal Place of Business Mailing Address									
47 FRONT ST P O BOX 1833									
MARCO ISLAND FL 33937 MARCO ISLAND FL 33969-1833						DO NOT WRITE I	N THIS SPACE		
						3. Date Incorporated or Qualifed			7
ļ						04/01/1996			\
2 Principal P	lace of Business	2a. Mailing Address		_		4, FEI Number	A	oplied For	1
21	100 0. 200	26				59-2692108	N	ot Applicable]
_Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		5,_Certifcate.of,Status,Desired	T	Additional	
22 374	0 13 AVE. SW	27						equired =====	
City & Stat	le .	City & State				6. Election Campaign Financing		May Be	
23 Nac	oles, tL	28				Trust Fund Contribution		to Fees	┨
<i>₹</i> •	Country	Zip	Coun	itry		8. This corporation owes the current	year Intangible ☐ Yes	□No	
24 34 11	25 011101	29	30			Personal Property Tax. 10. Name and Address of New Reg			ſ
_	9. Name and Address of Current	t Registered Agent		81 Na	me	10. Name and Address of New Neg	atered Agent		1
THO	MPSOM, DANNY		Ĺ						1
	17TH STREET SW.			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
	LES FL 34117			83					1
			L				11		-
	·			84 Cit	У		FL 85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the ab	ove-nan	ned corpo	pration submits this statement for the pur n's board of directors. I hereby accept the		s registered	1
office or r	registered agent, or both, in the State of the registered agent, or both, in the State of the obligation of the obligati	of Florida. Such change was a	uthorized	by the c	orporatio	n's board of directors. I hereby accept th	ie appointment as re	egistered	
agent.ig	Minakullar Willi, and accept the obligat			188					1
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SIGNATURE	Signature, typed or printed name of registered agen			ᠮᢆᠮᡳᡕ	imp	son PS	DATE		
SIGNATURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	i and tide if applicable. (NOTE		ᠮᢆᠮᡳᡕ	imp	son PS	DATE ERS AND DIRECTO		1007
	Signature, typed or printed name of registered agen	and tide if applicable. (NOTE	Registered	Agent signa	imp	Son PS. when reinstating)	DATE	ORS IN 12	100,000
12.	Signature, typed or printed name of registered agen OFFICERS AN VPT THOMPSON, DEBBIE	i and tide if applicable. (NOTE	13. 1.1 Till 1.2 NA	Agent signa	ture required	Son PS. when reinstating)	DATE ERS AND DIRECTO		777
12.	Signature, typed or printed name of registered agent OFFICERS AN VPT THOMPSON, DEBBIE 660 17TH STREET SW.	i and tide if applicable. (NOTE	13. 1.1 Tim 1.2 NA 1.3 STF	Agent signa LE ME REET ADDR	ture required	Son PS. when reinstating)	DATE ERS AND DIRECTO		00004 (44,000)
12.	Signature, typed or printed name of registered agent OFFICERS AN VPT THOMPSON, DEBBIE 660 17TH STREET SW. NAPLES FL 34117	i and tide if applicable. (NOTE D DIRECTORS	13. 1.1 TITI 1.2 NA 1.3 \$TF	Agent signa LE ME REET ADDR	ture required	Son PS. when reinstating)	DATE ERS AND DIRECTO Change	Addition	7,00,00
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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: