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 # P9600050024

1. Corporation Name

E & E LAWN CARE, INC.

Principal Place of Business

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90190 050 ***150.00



MARCO ISLANI		,						
MARCO ISLANI	ISLAND FL 33937 MARCO ISLAND FL 33937			DO NOT WRITE IN THIS SPACE				
متني و معدود م		Carrie a Section de			3. Date Incorporated or Qualified	erettereter.o		==
ſ					06/10/1996			
2. Principal P	tace of Business	2a. Mailing Address ,			4. FEI Number		Applied For	
21 1180	Willer hereu VR	26 /(81) Winter	DeRL	w DR	NOT APPLICABLE	· [Not Applicab	ole
Suite, Apt.		Suite, Apt. #, etc.	·	0-12-12	5. Certifcate of Status Desired	,	.75 Additional ee Required	
City & Stat	te	City & State		.	6. Election Campaign Financing	. \$ <i>f</i>	.00 May Be	_
23 MARCO IS 28 MACO 15				<u> </u>	Trust Fund Contribution	J Ac	dded to Fees	
□ 31145 □ 6 / □ '816.1/ □			Countr		8. This corporation owes the current)	year intangible Ye:⊡		
9. Name and Address of Current Registered Agent				<i></i>	Personal Property Tax. 10. Name and Address of New Regis		, <u> </u>	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regis	sterett Agent		-
DES	IMONE, ERIC			ITALLIE				_
1180 WINTERBERRY DRIVE				Street Ad	idress (P.O. Box Number is Not Acceptable)			
MARCO ISLAND FL 34145								
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 	. •		84	1		FL 85	Zip Code	_
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	/e-named.co	orporation submits this statement for the purp stion's board of directors: I hereby accept the	ose of changi	ng its registere	d
office or r	egistered agent, or both, in the State of	Florida. Such change was aut	horized by	the corpora	ation's board of directors. I hereby accept the	a appointment	as registered ~	
	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statute	5 .		11/1	66	
SIGNATURE	Signature, typed or wrinted name of registered agent	and title if applicable (NOTE: R	anistered Ane	ent signature requ	pired when reinstating)	9-16-2 DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTORS IN 12	2
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NAME	DESIMONE, BRENDA		2.2 NAME					
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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: