Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90075 007 \*\*\*150.00

## 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 # P96000056833

1. Corporation Name

C & C LAWN MAINTENANCE, INC.

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Principal Place of Business Mailing Address														B. G. B				
124 WOODLANDS ROAD PALM SPRINGS FL 33461				124 WOODLANDS ROAD PALM SPRINGS FL 33461								DO NO1	r wri	TE IN TI	HIS S	PACE		
									3. [	Date In	corporate							
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2. Principa Place of Business				2a. Mailing Address					4. FEI Number							$\Box$	Appi	ied For
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24	25		29		30	_					al Proper	•	Name of			Yes		□No
	9. Name and Add	ress of Current	Regis	tered Agent		04	т.		10.	Name	and Add	ress of	New H	egister	ea Ag	jent		
OFN	DOMALD M					81	N	lame										
OEN, RONALD M 124 WOODLANDS ROAD						82	S	treet Acd	ress (P.0	O. Box	x Number is Not Acceptable							
PALM SPRINGS FL 33461						0.3										<del></del>		<del></del>
PALI	A SPRINGS FL 334	01				83	1											
						84	C	City						F	=[	85 Z	ip C	ode
14 Purpugat	to the provisions of Sc	ctions 607 0502	and 6	07.1508, Florida Statu	res the	hove	l /e-n:	amed corr	oration	submi	ts this stat	tement f	or the	purpose	e of ch	nanging	itsr	egistered
office or re	edistered agent, or bo	h in the State of	Florid	da. Such change was a , Section 607.0505, Flo	iuthorize	d bv	/ the	corporati	on's boa	ird of	irectors.	l hereby	accep	ot the ap	pointr	nent as	s reg	stered
SIGNATURE	Signature, typed or printed na		and billin	if applicable (NOT	Registers	d Age	ant sin	nature require	ed when rei	nstaling				DÁTE				
12.	Signature, typed or printed na	OFFICERS AND			13	<u> </u>		naturo roqui			ONS/CHA	NGES 1	го оғ	FICERS	- ND	DIREC	CTOF	S IN 12
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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 cartify 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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition