PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000062418

1. Corporation Name

ACCURA	TE LAWN CARE, INC.								
Principal Place	e of Business	Mailing Address					81) : 88() 88() 88() 8		
1083 JULIA DRIVE MELBOURNE FL 32935 US		1083 JULIA DR MELBOURNE FL 32935 US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated o	r Qualifed		
						07/24/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				59-3393327		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	\$8.75 A	
City & State	9	City & State	City & State			6. Election Campaign I	inancing	\$5.00	Mav Be
23		28				Trust Fund Contribu	tion	Added to	
Zip	Country	Zip	Cour	try	T	8. This corporation ow	es the current yea	r Intangible	- "
24	25	29	30			Personal Property T	ax.	Yes	□No
	9. Name and Address of Curren	Registered Agent				10. Name and Address	of New Register	red Agent	
SYLVESTRE, WENDY L				81 Name		imothy R.	Petti	+	
1083 JULIA DR				82 Street Address (P.O. Box Number is Not Acceptable)					
MELBOURNE FL 32935				83 10	83	JULIA DI	nive		
				84 City	Me	House		FL 85 393	735
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was .	authorized.	by the corpo	corpor oration	ation submits this statem 's board of directors. I he	ent for the purpose reby accept the ap	a of changing its appointment as rec	registered gistered
SIGNATURE TIMUTKY K PELIC							<u> </u>	<u> </u>	i
				gent signature n	equired w	ADDITIONS/CHANG	DATE OFFICERS	AND DIRECTO	DS IN 12
12.	OFFICERS AN	DELETE	13.		7	IDIJE ICI	7	Change	Addition
TITLE	D CVIVECTOE WENDY I	<i></i>				17/1/3/	, 		7.
NAME	SYLVESTRE, WENDY L		1			nothy 13:	Pettit		
STREET ADDRESS	1083 JULIA DRIVE		1.3 STREET ADDRESS		10	93 901117	DR FIA	32935	-
CITY-ST-ZIP				Y-ST-ZIP	Λ	Telbourne	1 111	☐ Change	Addition
TITLE]		☐ DELETE	2.1 TITI					[] Change	[_] Addition
NAME			2.2 NA						
STREET ADDRESS			2 3 STF	REET ADDRESS			-	-	· •• •
CITY-ST-ZIP				Y-ST-ZIP	 			Channe	Addition
TITLE		☐ DELETE	3 1 1111					☐ Change	
NAME				3.2 NAME					٦
STREET ADDRESS			3 3 STF	3 3 STREET ADDRESS					
CiTY-ST-ZiP				Y-ST-ZIP					□ Addition
TITLE	1	☐ DELETE	1	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NA						
STREET ADDRESS			4.3 STF	REET ADDRESS					ļ
CITY-ST-ZIP			_	Y-ST-ZIP			***		
TITLE		☐ DELETE	5.1 TIT					☐ Change	Addition
NAME			5.2 NAJ						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP	ļ				
TITLE		☐ DELETE	6.1 THT	.E				☐ Change	☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90130 011 ***150.00