

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000063044** ✓

1. Corporation Name

J T'S LAWN SERVICES, INC.

Principal Place of Business

**19 W. WISCONSIN AVE
DELAND FL 32720-4077**

Mailing Address

**809 W. WISCONSIN AVE
DELAND FL 32720-4077**

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90002 021 ***550.00

585653 - 90002 - 21



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1996

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3401990

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, CHERYL
1311 VOLCO RD
EDGEWATER FL 32141**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	DELET	1.1 TITLE	Change	Addition
CLARK, CHERYL	<input type="checkbox"/>	1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1311 VOLCO RD	<input type="checkbox"/>	1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
EDGEWATER FL 32141	<input type="checkbox"/>	1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-5-99

904-740-8180

CR2E034 (5/99)