


FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90090 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000074632		
1. Corporation Name HUCK'S LAWN SERVICE, INC.		

Principal Place of Business 305 45TH STREET N.W. BRADENTON FL 34209	Mailing Address 305 45TH STREET N.W. BRADENTON FL 34209
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1996	4. FEI Number 65-0698799	Applied For No. Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent WALKER, ADRON H 3119 MANATEE AVENUE WEST BRADENTON FL 34205	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box is Not Acceptable)
	83.
	84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.050 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

12. OFFICERS AND DIRECTORS	
TITLE	P. <input type="checkbox"/> DELETE
NAME	FLINN, JOHN W
STREET ADDRESS	305 45TH ST N.W.
CITY-STATE-ZIP	BRADENTON FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FLINN, JOHN P
STREET ADDRESS	4113 44 AVE W, LOT 57
CITY-STATE-ZIP	BRADENTON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FLINN, JACQUELYN V
STREET ADDRESS	305 45TH N.W.
CITY-STATE-ZIP	BRADENTON FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FLINN, JACQUELYN V
STREET ADDRESS	305 45TH ST N.W.
CITY-STATE-ZIP	BRADENTON FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	FLINN, JOHN W
STREET ADDRESS	305 45TH ST. N.W.
CITY-STATE-ZIP	BRADENTON FL
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	FLINN, JOHN P
STREET ADDRESS	4113 44TH W., LOT 57
CITY-STATE-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacquelyn V. Flinn Jacquelyn V. Flinn 1/9/99 941-747-9158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)