

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 # P96000074822

1. Corporation Name  
ENRIGHT LAWN MAINTENANCE & LANDSCAPING, INC.

Principal Place of Business

5144 VASSAR LANE  
SARASOTA FL 34243  
US

Mailing Address

5144 VASSAR LANE  
SARASOTA FL 34243  
US

2. Principal Place of Business

21 2376 Appaloosa Cir  
Suite, Apt. #, etc.

2a. Mailing Address

26 2376 Appaloosa Cir  
Suite, Apt. #, etc.

22

27

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip Country

24 34240 25 USA

29

30

34240 USA

9. Name and Address of Current Registered Agent

KING, CLIFFORD M  
SUITE 855  
1800 SECOND STREET  
SARASOTA FL 34236

81 Name

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

83

84 City

FL 85 Zip Code

11. 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

12. OFFICERS AND DIRECTORS

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE PD  
NAME ENRIGHT, HARRY P III  
STREET ADDRESS 1354 CONRAD AVE N  
CITY-ST-ZIP SARASOTA FL 34237

1.1 TITLE

TITLE VPDT  
NAME ENRIGHT, KIMBERLY A  
STREET ADDRESS 1354 CONRAD AVE N  
CITY-ST-ZIP SARASOTA FL 34237

1.2 NAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.4 CITY-ST-ZIP

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: *Kimberly A. Enright* 4/12/99 (941)378-8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90059 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

65-0703169

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent