

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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90066 021 \*\*\*150.00

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1. Corporation Name

LAMBERT'S LAWN PRO, INC.

Principal Place of Business

1714 WESTACRE DR.  
ST. CLOUD FL 34769

Mailing Address

P O BOX 663  
ST. CLOUD FL 34770-663  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

59-3395417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 1575 EASTERN AVE.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 700607  
Suite, Apt. #, etc.

City & State

23 ST. CLOUD FL

City & State

28 ST. CLOUD, FL

Zip

24 34770-0607 25 U.S.

Zip

29 34770-0607 30 U.S.

9. Name and Address of Current Registered Agent

LAMBERT, GEORGE  
1714 WESTACRE DR.  
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name RICHARD CALIFANO

82 Street Address (P.O. Box Number is Not Acceptable)  
1575 EASTERN AVE.

83

84 City ST. CLOUD

FL

85 Zip Code

34769

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

*Richard E. Califano*

RICHARD E. CALIFANO

3/31/99

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 D ☐ DELETE  
NAME LAMBERT, GEORGE  
STREET ADDRESS 1714 WESTACRE DR.  
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE S ☐ DELETE  
NAME LAMBERT, MARLENE  
STREET ADDRESS 1714 W ACRE DR  
CITY-ST-ZIP ST CLOUD FL 34769

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D LAMBERT, GEORGE  
1.3 STREET ADDRESS 1575 EASTERN AVE.  
1.4 CITY-ST-ZIP ST. CLOUD, FL. 34769

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME S LAMBERT, MARLENE  
2.3 STREET ADDRESS 1575 EASTERN AVE.  
2.4 CITY-ST-ZIP ST. CLOUD, FL. 34769

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: *George E. Lambert* GEORGE E. LAMBERT

3/31/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)