FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000089807

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90013 031 ***150.00

 Corporation 	n Name								
EMERALD LAWN CONTROL, INC.						****			
		M-10 A 1 h				_			
Principal Place		Mailing Address							
3245 N COURTENAY PKWY. P-4 PO BOX 560977 MERRITT ISLAND FL 32953 ROCKLEDGE FL 32956						DO NOT WOLLD IN T	LUC CDACE		
		US				DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualifed 10/31/1996			1
2. Dringing D	lace of Business	2a. Mailing Add	ress			4. FEI Number	An	plied For	,
 1	lace of business	26 601 N	onroe	A_{v}	enue-	59-3415170	<u> </u>	t Applicable	:
Suite, Apt.	#, etc.	Suite, Apt.	t, etc.) ~	5. Certifcate of Status Desired	\$8.75	dditional	
22		27 Cape	lanav	rera	<u> </u>		Fee Re		l
City & State	9	City 8 State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
23		Zip	<i></i>	Country	<u> </u>	This corporation owes the current year		o rees	
Zip	Country	29 329	20 30	_ , .	< 4	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current			<u>" </u>	<u></u>	10. Name and Address of New Register			
005			· · · · · ·	81	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301-2525			83			_ .		l
				84	City		- 85 Zip (Code	
							EL 63 Zip \		l
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes,	, the above	e-named corporation	pration submits this statement for the purpose o's board of directors. I hereby accept the ap	e of changing its opointment as re	registered gistered	
agent. I	m applier with and accept the obligation	Section 607	0505 Florid	a Statutes	au cah	oration submits this statement for the purposin's board of directors. I hereby accept the ap	CODACY	99v	1
SIGNATURE	4011 DODO O O O O O O O O O O O O O O O O	CRUSKLE	LOWO !	ibale)	(MCCO)	wego (1) (1)		57	
12.	OFFICERS AND	DIRECTORS		13.	i education to filled	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	86/
TITLE	P DELETE		DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	1
NAME	MCCAULEY, OLIVER S			1.2 NAME					2
STREET ADDRESS	3245 N COURTENAY PKWY, P-	4		1.3 STREET	T ADDRESS				Ì
CITY-ST-ZIP	MERRITT ISLAND FL 32953	•		1.4 CITY-S					2
TITLE	VP DELETE		DELETE	2.1 TITLE			☐ Change	☐ Addition	١
NAME	MCCAULEY, MELINDA			2.2 NAME					
STREET ADDRESS	AND DE COLUMNIA DE CARE DE LA			2.3 STREET ADDRESS] ;
CITY-ST-ZIP	MERRITT ISLAND FL 32953			2. 4 CITY-5	ST-ZIP				
TITLE			DELETE	3.1 TITLE			Change	Addition	,
NAME	and the second s		"	3.2 NAME					
STREET ADDRESS				3.3 STREE	TADDRESS				
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP				
TITLE	3,		DELETE	4.1 TITLE			Change	Addition	
NAME				4, 2 NAME					l
STREET ADDRESS				4.3 STREE	TADORESS				
CiTY-ST-ZIP				4.4 CITY-S	T-ZIP				ļ.
TITLE			DELETE	5.1 TITLE			Change	☐ Addition	
NAME	•			5.2 NAME					
STREET ADDRESS				i .	TADDRESS				
CITY+ST-ZIP			DE: STE	5.4 CITY-S	T-ZIP		المامين	☐ &ddiffic=	ł ,
TITLE		Ц	DELETE	6.1 TITLE			Change	Addition	
NAME				6.2 NAME	TADDRECO				l
STREET ADDRESS				1	TADDRESS				
CITY-ST-ZIP				6.4 CITY-S	1-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 cath; 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 1