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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000094940

1. Corporation Name LAWN CARE SOLUTIONS, INC.



Principal Place of Business 1843 EVERHART DRIVE ORLANDO FL 32806 Mailing Address 1843 EVERHART DRIVE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1997 4. FEI Number 59-3413378 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 2a. Mailing Address 21 26 Suite, Apt. #, etc. City & State Zip Country 22 27 23 28 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERTHORNE, JEFF 1843 EVERHART DRIVE ORLANDO FL 32806

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE D [] DELETE NAME SILVERTHORNE, JEFF STREET ADDRESS 1843 EVERHART DRIVE CITY-ST-ZIP ORLANDO FL 32806 12.2 TITLE D [] DELETE NAME SILVERTHORNE, JILL STREET ADDRESS 1843 EVERHART DRIVE CITY-ST-ZIP ORLANDO FL 32806 12.3 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE [] Change [] Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE [] Change [] Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE [] Change [] Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE [] Change [] Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 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 on the receipt 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: [Signature] President 3/31/99 407-228-4076 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)