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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9700001530** (9)

A & J LAWN & PEST CONTROL, INC.

FILED May 13 1998 8:00am Secretary of State

Dringing Digg	o of Province				Mail	- Addrson	_				
Principal Place of Business Mailing Address 114 BELMONT DRIVE POST OFFICE 80X 1643							2				
PALATKA FL 32177 PALATKA FL 32178							•				
											DO NOT WRITE IN THIS SPACE
											Date Incorporated or Qualified 01/07/1997
2. Principal Place of Business 21					2a, Mailing Address 28						4. FEI Number Applied For Not Applied be Applied For Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5 Certificate of Status Desired \$8.75 Additional
22					27						Fee Required
	City & State					City & State					8. Election Campaign Financing \$5.00 May Be
23 Zin	Zip Country			28	Zip Country			,		Trust Fund Contribution Added to Fees	
24	25			29				VUI 11. 3	,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	p. Name		Address of Curr			red Agent]30]	T-			10. Name and Address of New Registered Agent
AN			HARTERED	_				81	I	Name	
343 ALMERIA AVENUE								OO Charak Address (O.			co (D.O. Dou Aliverhor in Not Accountable)
	CORAL GABLES FL 33134					82			"	street Addres	ss (P.O. Box Number is Not Acceptable)
								83	T		
ı								84	Ļ.,	2.1	[07] 7% 0.44
								04	۱ ۲	City	FL 85 Zip Code
	to the provising to the control of t	sions gent, ilh, a	of Sections 607.05 or both, in the Sta nd accept the obl	502 and te of Flo igations	607 orida of, S	7.1508, Florida Statu Such change was Section 607.0505, Fl	tes, the authori lorida S	above zed by tatute:	e-na y th s.	amed corpo e corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, Noe	d ox cw	rited name of registerical	spent and to	nie d i	applicable (NO	TE Boolst	ered Age	ent si	ignature required	when reinstating) DATE
12.			OFFICERS A				1:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD					DELETE	1.1	TITLE			Change Addition
NAME	SOLOMON, JACK							1.2 NAME			
STREET ADDRESS	TADORESS 114 BELMONT DRIVE PALATKA FL 32177							1.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP	PALATR	(A F	L 32177				1.5	CITY-S	ST - ZI	IP .	
TITLE						☐ DELETE	21	TITLE			Change Addition
NAME							2.2	NAME		l	
STREET ADDRESS							2.3	STREET	T ADE	DRESS	
CITY-ST-ZIP							_	4 CITY - :	\$T - Z	ZIP	
TITLE						DELETE		TITLE		1	☐ Change ☐ Addition
NAME	1						- 8	NAME			
STREET ADDRESS								STREET			
CITY-ST-ZIP TITLE						DELETE		CITY-S	ST-Z	ZIP	Change Addition
NAME						[DELETE		NAME		1	Change Modition
										DDCGC	
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STREET ADDRESS								STREET	(ADD	ORESS	
City-St-ZiP								CITY-S			
TITLE	} _		***************************************			DELETE		TITLE			Change Addition
NAME						_		NAME			
STREET ADDRESS								STREET	[ADD	DRESS	i
CITY-ST-ZIP								CITY-S		I	

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 suppliemental 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 course and that my name appears in Block 12 or Block 13 if changed, or on an atlantment with an address.

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Jack Solomo

4-27-98 (904)32

(904) 325-6777