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 # P9700005229 (4)

ABRAMS LAWN SERVICES, INC.

FILED Apr 28 1998 8:00am Secretary of State



<u> </u>					
Principal Plac		Mailing Address		* 1000000 TIP (001) 10011 00111 00111	
18316 GULF BLVD.		18316 GULF BLVD.			
FA FEDINGTON SHORES FL 33708 REDINGTON		REDINGTON SHORES FL (33706	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/13/1997	
<u> </u>	lace of Business	28. Mailing Address	~	4. FEI Number	Applied For
21 / 8 3	6 GUIF BLUD	26 /83/6 6	uif BluD		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State City & State				2. Flooties Compaign Figure	Fee Required
23 REDINSTON Sholps 7/28 REDINATOR		NSLORES FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7ip	Country	8. This corporation owes or has p	
24 3370	95 25 PINE/AS	29 33708	BO TOUE //AS	Personal Property Tax due Jun	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
AB	rams , kelly k elly		81 Name		
10316 GULF BLVD.			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
PENNATON CHORE EL 22709			00		
RE	DINGTOM SHORES FL 33708		83		·
			84 City		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. Ehereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered upont and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P CARE OF THE	☐ DELET e	1.1 TITLE		L_ Change
NAME	KANTO, OULA		1.2 NAME		
STREET ADDRESS	18316 GULF BLVD. REDINGTON SHORES FL 3370	۵	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY · ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	AB RAMS, KELLY J	□ beech	2.2 NAME		E change E Abultion
STREET ADDRESS	18316 GULF BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL 3370	8	2 4 CITY-ST-ZIP		
TITLE		☐ DELET E	3.1 TITLE	, and the second	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELET E	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition
NAME		☐ NETE IE	6.1 TITLE		Change Addition
			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14 bereby c	ertify that the information supplied with	this filing does not cualify for	the exemption stated in S	Section 119 07/3Vi) Florida Statutos	further cartify that the information

Libereby 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 Irustice onpowered 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

CICNATURE.

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