


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90255 018 \*\*\*150.00

0424628

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P97000005229**

1. Corporation Name  
**ABRAMS LAWN SERVICES, INC.**

Principal Place of Business 18316 GULF BLVD. #A REDINGTON SHORES FL 33708 US	Mailing Address 18316 GULF BLVD. #A REDINGTON SHORES FL 33708 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14221 East Parsley Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>MADEIRA Bch, FL</b> Zip Country 24 <b>33708</b> 25 <b>US</b>	2a. Mailing Address 26 <b>14221 East Parsley Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>MADEIRA Bch, FL</b> Zip Country 29 <b>33708</b> 30 <b>US</b>
---	--

3. Date Incorporated or Qualified <b>01/13/1997</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ABRAMS, KELLY K ELLY**  
**10316 GULF BLVD.**  
**#A**  
**REDINGTON SHORES FL 33708**

10. Name and Address of New Registered Agent

81 Name <b>ABRAMS KELLY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>14221 East Parsley Dr</b>
83
84 City <b>MADEIRA Bch</b>
85 Zip Code <b>FL 33708</b>

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	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANTO, OULA</b>	1.2 NAME	<b>KELLY ABRAMS</b>
STREET ADDRESS	<b>18316 GULF BLVD.</b>	1.3 STREET ADDRESS	<b>14221 East Parsley Dr</b>
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	1.4 CITY-ST-ZIP	<b>MADEIRA Bch, FL 33708</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAMS, KELLY J</b>	2.2 NAME	
STREET ADDRESS	<b>18316 GULF BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**KELLY ABRAMS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99**  
 Date

**1-727-319-9856**  
 Daytime Phone #

CR2E034 (1/1/98)