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FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016578 (1)

1. Corporation Name

INNOVATIVE LAWN CARE, INC.



Principal Place of Business

Mailing Address

8439 FLAGSTONE DRIVE
TAMPA FL 33615

8439 FLAGSTONE DRIVE
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

59-3428964

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 3701 Derby Dr #910

Suite, Apt. #, etc.

22 #910

City & State

23 Palm Harbor, FL

Zip

24 34681

Country

25 U.S.A.

2a. Mailing Address

26 3701 Derby Dr.

Suite, Apt. #, etc.

27 #910

City & State

28 Palm Harbor, FL

Zip

29 34681

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHANEVILLE, KYLE M
8439 FLAGSTONE DRIVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name Kyle Schaneville

82 Street Address (P.O. Box Number is Not Acceptable)

3701 Derby Dr. #910

83

84 City

Palm Harbor

FL

85 Zip Code

34681

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)

04/24/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHANEVILLE, KYLE M
CITY-ST-ZIP 8439 FLAGSTONE DRIVE
TAMPA FL 33615

TITLE ☐ DELETE

NAME D
STREET ADDRESS GREEN, ROY A
CITY-ST-ZIP 7012 ALAFIA DRIVE
RIVERVIEW FL 33569

TITLE ☐ DELETE

NAME D
STREET ADDRESS BARCENA, ROBERT W II
CITY-ST-ZIP 6907 A MATHERS LANE
RIVERVIEW FL 33569

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS SCHANEVILLE, KYLE M
1.4 CITY-ST-ZIP 3701 Derby Dr. #910
Palm Harbor, FL 34681

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E034 (10/97)