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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90031 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000016578

1. Corporation Name

INNOVATIVE LAWN CARE, INC.

Principal Place of Business

8439 FLAGSTONE DRIVE  
TAMPA FL 33615

Mailing Address

8439 FLAGSTONE DRIVE  
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1997

4. FEI Number

49-3428896

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

21 11850 9th St. N

Suite, Apt. #, etc.

22 Suite 5103

City & State

23 St. Petersburg, FL

Zip

24 33716

Country

25 USA

2a. Mailing Address

26 11850 9th St. N

Suite, Apt. #, etc.

27 Suite 5103

City & State

28 St. Petersburg, FL

Zip

29 33716

Country

30 USA

9. Name and Address of Current Registered Agent

SCHANEVILLE, KYLE  
3701 DERBY DEAL  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

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

83 11850 9th St. N #5103

84 St. Petersburg

City St. Petersburg

FL

85 Zip Code

33716

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

04/24/1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)