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 # P97000017643 (2)

MACK'S LAWN SERVICE INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



	wood plaza dr CH FL 33404	215 WEDGEWOOD PLAZA DR RIVERA BEACH FL 33404			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 02/21/1997
2. Principal Place of Business 21 215 Wedge world Plaza Die 22. Mailing Address 21 215 Wedge world Plaza Die 22. Mailing Address					4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & Stat	v. Bah. 71 28 F/A				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
24 ²⁸ 3 <i>3</i>	9. Name and Address of Current		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
B46		Hedisteled Agent	81	Name	10. Name and Address of New Registered Agent
MCNEALY, LYNN 215 WEDGEWOOD PLAZA DR			82	, ,,,,,,,,,	Address (P.O. Box Number is Not Acceptable)
Ri\ 	VERA BEACH FL 33404		83		
		ı	84	City	FL 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. Thereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 60⊉.0505, Florida Statutés. SIGNATURE					
				ent signature (required when reinstating) DATE
12.	OFFICERS AND		_13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MCNEALY, LYNN	DOLETE	1,1 TITLE		☐ Change ☐ Addition
NAME	215 WEDGEWOOD PLAZA DR	1	1.2 NAME	İ	
STREET ADDRESS			1.3 STREET	ADDRESS	
CITY-ST-ZIP	RIVERA BEACH FL 33404		1.4 CITY - S	T-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2. 4 CITY - 5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	1	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	İ	
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	7 - ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	T - Z(P	
TITLE		☐ DELETE	6.1 TITLE	Τ	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S	1-ZIP	
14. Thereby 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.					