SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **TANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 22, 1999 8:00 am Secretary of State 09-22-1999 90009 030 ***550.00

DOCUMENT #	P97000017643

MACK'S	S LAWN SERVICE INC.				
					-
		2 10		={	12 111 28
Principal Plac		Mailing Address		,	
	OOD PLAZA DR	215 WEDGEWOOD PLAZA DR			
rivera beac Us	IT FE 33904	RIVERA BEACH FL 33404		DO NOT WRITE IN THIS SPACE	
, 50	•			3. Date Incorporated or Qualified	
				02/21/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo)[
27 83 40	36. St	26 \$340.36.		65-0732048 Not Applic	able
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	al
22 60.	P. B H.	27 W. P. B.	{	5. Certificate of Status Desired Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be	,
23		28 📆 🛧		Trust Fund Contribution	
Zip 334	Country C	- 22/07 -	Country	8. This corporation owes the current year	
24 >>	707 25 4.5.	29 3540 (30	<u> </u>	Intangible Personal Property. Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
MC	NEALY, LYNN		I maine		
	WEDGEWOOD PLAZA DR		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ERA BEACH FL 33404		83 040)	
	. ` `			O.P.B.	
			84 City	85 Zip Code	_
44 -		1007 1000 51 11 01 11		FL 3340	•
office or	registered agent, or both, in the State of	of Florida. Such change was author	rized by the corporatio	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	ļ
agent. I a	am familiar with, and accept the obligat	ions of, section 607.0505, Florida	Statutes.	9 500	
SIGNATURE	Signatule, typed or printed name of registered agent	and title if applicable (NOTE: P.	egistered Agent signature requi	ired when coinclating)	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	DP ·		I.1 TITLE		dition
NAME	MCNEALY, LYNN		1.2 NAME		
STREET ADDRESS	215 WEDGEWOOD PLAZA DR	1	1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERA BEACH FL 33404	1	1.4 CITY-ST-ZIP	•	
TITLE		DELETE 2	2.1 TITLE	Change Ado	dition
NAME			2.2 NAME	· · · · · · · · · · · · · · · · · · ·	\
STREET ADDRESS		2	2.3 STREET ADDRESS		
CITY-ST-ZIP	•	2	2.4 CITY-ST-ZIP		
TITLE		DELETE 3	3.1 TITLE	Change Add	dition
NAME			3.2 NAME		
STREET ADDRESS		3	3.3 STREET ADDRESS	•	ļ
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE 4	1.1 TITLE	Change Add	dition
NAME		4	1.2 NAME		
STREET ADDRESS	·	. 4	L3 STREET ADDRESS	3	- 1
CITY-ST-ZIP	- ·	4	4.4 CITY-ST-ZIP	<u></u>	
TITLE	I		4 7171	in the state of th	
ı		DELETE 5	5.1 TITLE	Change L Add	dition
NAME			5.1 TITLE 5.2 NAME	Change Add	lition
NAME STREET ADDRESS		5	D.1 IIILE	Change And	lition
		5 5 5	5.2 NAME	Change LI Add	lition
STREET ADDRESS		5 5 5	5.2 NAME 5.3 STREET ADDRESS		dition dition
STREET ADDRESS		5 5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZiP TITLE		5 5 5 5 5 DELETE 6 6	5.3 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE		

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.

SIGNATURE: