FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.0

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT O

Sandra B. Morthain

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000019604 (2)

FILED Mar 20 1998 8:00am Secretary of State

VAN'S LAWN MAINTENANCE, INC.							
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Principal Plac	on of Duninger	Mallian Addana	·				
Principal Place of Business Mailing Address FOL AL OCTION ANSWER							
SOI N. SETON AVENUE SOI N. SETON AVENUE LECANTO FL 34481-8789 LECANTO FL 34481-8789					DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified	III TIIO OI FIOL	
					02/26/1997		
2. Principal Place of Business 2a. Mailing Address			-		4. FEI Number		Applied For
21 26		26			59-3439765	-	lot Applicable
		Suite, Apt. #, etc.	C.		5. Certificate of Status Desired	□ \$8. 7 5	Additional
22 27		 			or commode or created people	Fee F	Required
City & State		City & State			6. Election Campaign Financing		May Be
Zip Country		28	Zip Country		Trust Fund Contribution		to Fees
24	25		— ·		8. This corporation owes or has pal	- ·	
24]	9. Name and Address of Curre		30		Personal Property Tax due June 10, Name and Address of New Reg		No
VA	N ASSEN, ROBERT B		61 h	Name	(0, Hamo and Addieds of Her ries	Jietorea Agont	
	1 N. SETON AVENUE		90 6	04-1-1-A -	(0.0.0-1)		
-	CANTO FL 34461-8789		82 8	otreet Addres	ss (P.O. Box Number is Not Acceptable	(0)	
			83				
			90 6	Dia		1-1-	
			1 1	Dity			Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						rpose of changing	its registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	ithorized by th ida Statutes.	ie corporation	n's board of directors. I hereby accept	t the appointment a	s registered
SIGNATURE							
	Signature typed or printed name of registered ag-		Registered Agent s	ignature required	······································	DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	VAN ASSEN, ROBERT B	□ אנונונ	1.1 TIFLE			[_] Change	Addition
NAME OZOSSZ ADODSOS	501 N. SETON AVENUE		1.2 NAME				
STREET ADORESS	LECANTO EL 04404 0700		1.3 STREET ADE				İ
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZI 2.1 TITLE	IP		Change	Addition
NAME	VAN ASSEN, MONICA		2.2 NAME			· vilange	ASSISTA
STREET ADDRESS	FOR M. OFTON ANTABLE		2.3 STREET ADD	necec			
CITY-ST-ZIP	LECANTO FL 34461-8789		2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE	***		☐ Change	☐ Addition
NAME			3.2 NAME			<u> </u>	_
STREET ADDRESS			3.3 STREET ADD	DRESS]
CITY-ST-ZIP	•		3.4. CITY-ST-Z	ZIP			ļ
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET ADD	PRESS			ì
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP		DEVETE	5.4 CITY-ST-ZI	<u>P</u>		— — — ····	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		DELETÉ	6.1 TITLE			L Change	☐ Addition
NAME CARREST ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD				
14. I hereby c	ertify that the information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZI		ction 119.07(3)(i). Florida Statutes, I fu	uther certify that the	information

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 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 or or other 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 or or other receiver or trustee.

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3/11/01