FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023124

1. Corporation Name

SELECT LAWN SERVICE OF FLORIDA, INCORPORATED

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90018 045 ***150.00



Principal Place	e of Business	Mailing Address					1	
1610 DAUPHIN	LANE	1610 DAUPHIN LANE				·	ĺ	
ORLANDO FL 32803		ORLANDO FL 32803				DO NOT MIDITE IN THIS SDACE		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	- 1	
						03/10/1997		
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number Applied For			
21		26				59-3436351 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-5. Certificate of Status Desired \$8.75 Additional		
22		27				5. Ceruicate of Status Desired Fee Required Fee Required	==	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25 29 30		30			Personal Property Tax.		
	9. Name and Address of Curren		·······			10. Name and Address of New Registered Agent		
				81	Name		1	
Meri	ritt, richard					, , , , , , , , , , , , , , , , , , , ,		
1610	DAUPHIN LANE		82 Str			et Address (P.O. Box Number is Not Acceptable).		
ŧ	ANDO FL 32803							
				83				
ĺ				84	City	85 Zip Code		
						FL 181 Expression		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the al	ove	-named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Statu	ites.	ine corpore	alloring board of directors. The object was experimental and a		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				tegistered Agent signature requir		ulred when reinstating) DATE	8	
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)	
TITLE	D	☐ DELETE	1.1 Til	LE		☐ Change ☐ Addition	Ξ	
NAME MERRITT, RICHARD			1.2 NAME		,		8	
STREET ADDRESS 1610 DAUPHIN LANE			1.3 ST		ADDRESS		E E	
CITY-ST-ZIP ORLANDO FL 32803			1.4 CF		-ZiP		2	
TITLE	0,,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,	☐ DELETE	2.1 TIT			☐ Change ☐ Addition	$\overline{\mathbf{c}}$	
))	•		2.2 NA		1			
NAME	200		2.3 STREET		*DDD500			
STREET ADDRESS								
CITY-ST-ZIP		D DELETE	2,4 C	-	-ZIP	Change Addition	==	
TITLE	DELETE		3.1 TII			Change Madulon		
NAME			3.2 NAJ					
STREET ADDRESS			3.3 STR		ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-Z1P			
TITLE	□ DELETE		4.1 TI	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 N	4. 2 NAME		a		
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TR			☐ Change ☐ Addition		
			5.2 NA			,		
NAME					ADDRESS	- Commence		
STREET ADDRESS						ļ		
CITY-ST-ZIP		Посьете	5.4 CF 6.1 TF		· 41	☐ Change ☐ Addition		
TITLE						☐ Criange ☐ Addition		
NAME			6.2 NA					
STREET ADDRESS					ADDRESS			
C/TY-ST-Z/P			6.4 CI	TY-ST	·ZIP			

14. I hereby certify that the information supplied with this filling 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.