**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04, 1999 8:00am

**Secretary of State** 

02-04-1999 90004 005 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000027042

TOUCH OF GREEN LAWN CARE INC.

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Principal Place of Business		Mailing Address					HI <b>Vo</b> hiu dədir dəlki i	00110 1401) (404) 8011 0 !	818   61   691
162 VAN DERFORD RD		PO BOX 2462							
ORANGE PARK FL 32073		ORANGE PARK FL 32067			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or		11.0 017102	
						03/21/1997			1
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				59-3435245		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status D	esired	\$8.75 A	
22	<u> </u>	27					-	Fee Re	
City & State	e	City & State				6. Election Campaign Fi	·	\$5.00 Added to	
23	Courte	Zip	Cou	ntn/		Trust Fund Contributi			) Fees
Zip	Country 25	29	30	iii y		This corporation ower     Personal Property Ta			□No
24	9. Name and Address of Currer		[30]			10. Name and Address		red Agent	
	3. 144.15			81	Name		1-		
	TON, C J			82	Stroot Addr	ess (P.O. Box Number is No	t Accentable)	I I	
	7 LEM TURNER ROAD	,		62	Street Addit	ess (F.O. DOX Number 15 140	t Adocpiable)		
JACH	KSONVILLE FL 32218			83					11 1 V
				84	City			85 Zip C	ode
,					•		l.	FL     '	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida State	tutes, the al	bove	e-named corpo	oration submits this stateme	nt for the purpos	se of changing its	registered pistered
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agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	autnorized Iorida Statu	l hv t	the comoratio	on's board or directors. There	,, 2000pr a./o		,
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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.

6.4 CITY-ST-ZIP

SIGNATURE: