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May 07, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029893

1. Corporation Name

TINKLEY LAWN CARE, INC.



Principal Place of Business
5613 S. RIDGEWAY DRIVE
ORLANDO FL 32819

Mailing Address
5613 S. RIDGEWAY DRIVE
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1997

4. FEI Number

59-3448442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 2194

27 Suite, Apt. #, etc.

28 City & State

Windermere, FL

29 Zip Country

30 34786-2194

9. Name and Address of Current Registered Agent

PATTERSON, DEBBIE L
1319 KURUME COURT
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

DAVID C. Tinkley

82 Street Address (P.O. Box Number is Not Acceptable)

5613 Ridgeway DR

83

84 City ORLANDO

FL

85 Zip Code 32819

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME TINKLEY, DAVID C
STREET ADDRESS 7600 LK MARSH DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE VTD ☐ DELETE
NAME TINKLEY, JAY S
STREET ADDRESS 5613 RIDGEWAY DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE S ☐ DELETE
NAME ROBERTSON, STACY A
STREET ADDRESS 5613 RIDGEWAY DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4/20/99 407 351-1595
Date Daytime Phone #

CR2E034 (1/1998)