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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000032866 (0)

WINSTON HARRIS LAWN CARE, INC.

Principal Place of Business

DOCUMENT #

Mailing Address

FILED May 06 1998 8:00am Secretary of State



8250 SW 8TH STREET 8250 SW 8TH STREET NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1997 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. □ No 24 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent HARRIS, WINSTON 8250 SW 8TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 NORTH LAUDERDALE FL 33068 City 85 Zip Code 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, typed or printed nation of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition DELETE ☐ Change TITLE 1.1 TITLE P/S/T 1.2 NAME NAME WINSTON HARRIS 8250 SW 8TH STREET
N. LAUDERDALE, FL 33068 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition 2.1 TITUE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP ☐ Addition Change DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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.

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