

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 01 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P97000033956 (8)**

1. Corporation Name  
**COMPLETE LAND CARE, INC.**

Principal Place of Business

**16148 BOYETTE ROAD  
RIVERVIEW FL 33569**

Mailing Address

**16148 BOYETTE ROAD  
RIVERVIEW FL 33569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/14/1997**

4. FEI Number

**59-3180321**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**KARLSON, SHANE R  
16148 BOYETTE ROAD  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-31-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **President**

STREET ADDRESS **TARA KARLSON**

CITY-ST-ZIP **16148 Boyette Rd.**

**Riverview FLA 33569**

TITLE ☐ DELETE

NAME **Vice President**

STREET ADDRESS **SHANE KARLSON**

CITY-ST-ZIP **16148 Boyette Rd.**

**Riverview Fla. 33569**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

**000002630810**

**-09/02/98--01005--020**

**\*\*\*150.00**

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.

SIGNATURE

**REQUIRED**

**7-31-98**

CR2E034 (5/98)

# COMPLETE LANDCARE

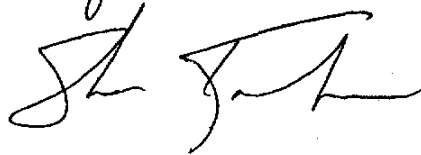
2

16148 BOYETTE ROAD • RIVERVIEW, FLORIDA 33569 • (813) 685-8499

To Whom It May Concern:

In Reference to No # P97000033956 Letter we did not  
Receive. We only received our 2nd Notice of Late Filing. Otherwise  
Everything would have been Filed on time. Please Except this Letter  
as notice that we never saw our filing was not Filed out correctly.  
Here is the Form filed out correctly with a check for the  
original 150.00.

Thank You

A handwritten signature in black ink, appearing to be 'JH JH' or similar, written in a cursive style.