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

DOCUMENT # P97000041053 (4)

D&M LAWN SERVICE, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1150 DELMAR ST 1150 DELMAR ST ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0758870 26 150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year Intangible 30 ChANLOTT Personal Property Tax due June 30. ☐ No 🗶 Yes 29 10. Name and Address of New Registered Agent 81 Name GILLESPIE, DALE W 1150 DELMAR ST Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34224 84 City Zip Code 85 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **GILLESPIE, DALE W** NAME 1.2 NAME 1150 DELMAR ST STREET ADDRESS 1.3 STREET ADDRESS ENGLEWOOD FL 34224 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

MANAGURE D. L. W. GILLES DIE Challe 41 /7.1