Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90211 044 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000043758

1. Corporation Name

RANDALL'S LAWN CARE INC.

6500 RICHARD		Mailing Address 6500 RICHARDSON RD								
SARASOTA FL 34240 SARASOTA FL 34240 US						DO NOT WRITE	IN THIS	SDACE		
		03				3. Date Incorporated or Qualifed 05/16/1997	114 11113	STACE	<del></del>	7
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		114	pplied For	4
21 26						65-0792925		<del> </del>	ot Applicable	-
Suite, Apt. #, etc. Suite, Apt. #, etc.			-						Additional	1
22 27						5. Certifcate of Status Desired		Fee R	equired	
City & Stat	City & State	ate			6. Election Campaign Financing			May Be	7	
23 Zin	Country	28	Zip Country			Trust Fund Contribution			to Fees	4
Zip 24	Country 25	Zip	_	ntry		8. This corporation owes the current	-	ngible Yes	□No	
[24]	9. Name and Address of Current		30			Personal Property Tax.  10. Name and Address of New Reg				4
				81	Name	Tu. Harris and Hadrood or How Hog		.got		┪
	P, MARTHA		-	82	Care et Aulder	DO Bay Number is Not Assembly		·		4
3927 ETON PL				02	Street Addre	ass (P.O. Box Number is Not Acceptable	")			İ
SAH	ASOTA FL 34241		Ī	83						1
				84	City		FL	85 Zip	Code	1
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	thorized	bv t	-named corpo the corporation	oration submits this statement for the purn's board of directors. I hereby accept the	pose of c	hanging its iment as re	registered egistered -	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered a	Anent	signature required	when reinstating)	DATE			
12.	OFFICERS AND		13.	- gon	agristate required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12	4 3
TITLE	D	☐ DELETE	1.1 TIT	LÉ				☐ Change	☐ Addition	₁ ;
NAME	· ·		1.2 NA	1.2 NAME						1:
STREET ADDRESS			1.3 STF	1.3 STREET ADDRESS		-				
CITY+ST-ZIP	SARASOTA FL 34240			Y-ST-	-ZiP					1
TITLE	D VEDVEDA	☐ DELETE	2.1 TITLE					☐ Change	Addition	'  '
NAME	CEGO DICHADDOON DD			2.2 NAME						-
STREET ADDRESS	SARASOTA FL 34240				ADDRESS			•		
CITY-ST-ZIP			2. 4 CFT 3.1 TITL		-ZIP			☐ Change	☐ Addition	-
NAME		_ occent	3.2 NAM					☐ Girang¢		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CIT		1					
TITLE		☐ DELETE	4.1 TITL			Y + 46, 49		Change	Addition	1
NAME			4. 2 NA	ME						Ì
STREET ADDRESS			4.3 STR	REETA	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					]
TITLE		☐ DELETE	5.1 TITL					☐ Change	Addition	
NAME			5.2 NAM							
STREET ADDRESS			1		ADORESS					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY 6.1 TITL		ZIP	***		Change	C Addition	-
NAME	ň	,	.6.2 NAM			عسرمعت در معرد در در در		☐ Change	Addition	- ا
	- ·	- 40 · · ·	1		ADDRESS					1

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:

320-0428)

CR2E034 (11/98)