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

PROFIT
CORPORATION
ANNUAL REPORT

1998

NAME

STREET ADDRESS

din (X

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046727 (8)

LINDELL'S LAWN LABOR & STUFF, INC.

Principal Place of Business Mailing Address 9950 HIGHWAY 98 9950 HIGHWAY 98 UNIT E-13, #86 DESTIN FL 32541 UNIT E-13. #86 DO NOT WRITE IN THIS SPACE DESTIN FL 32541 3. Date Incorporated or Qualified 05/28/1997 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 21 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED Name 343 ALMERIA AVENUE ss (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 83 84 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. Thereby accept the appointment as registered agent. Tam familiar with and append the obligations of Section 607,0505, Florida Statutes. **SIGNATURE** Registered Agent signature required when reinstating) 12. FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE DELETE 11 TITLE Change ☐ Addition ROPER, LINDELL K NAME 12 NAME 9950 HWY 98, UNIT E-13 #86 STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL 32541** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - SI - ZIP DELFTE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE TITLE Change ___ Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change 6.1 THTLE Addition

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 eath; that f 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 13 if chapter 607, or on an attachment with appaddress.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4-74-98

257-157-2034

FILED

May 07 1998 8:00am

Secretary of State