Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047508

1. Corporation Name

DAVID MILEUR & THE LAWN RANGERS, INC.

| | | | | | | |) | 1 [1] |
|---|---|----------------------------------|-------------------------|---|---|--|----------------------------|-----------------|
| Principal Place | of Business | Mailing Address | ailing Address | | | | | |
| 1013 ORANGE ISLE | | 1013 ORANGE ISLE | | | | | | |
| FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 | | | 1 | | - 1 | DO NOT WRITE IN THIS SPACE | | |
| | | | - | | r | 3. Date Incorporated or Qualifed | | |
| | | | | | | 05/29/1997 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | <u></u> | plied For |
| 21 | | 26 | | | } | NOT APPLICABLE | \$8.75 A | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | φο./ 3 / Fee.Re⊸ | |
| City & State | | City & State | | - - | 6 Flection Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | ļ | Trust Fund Contribution | Added t | - 1 |
| Zip | Country | Zip | Country | , | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 29 36 | 0 | | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | • | 10. Name and Address of New Registere | d Agent | _ |
| | | | 81 | Name | | | | ļ |
| AUSTIN, C. RANDALL 6950 CYPRESS ROAD | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | NTATION FL 33317 | | 83 | <u> </u> | | | | |
| FLAN | AIAIION FE 35317 | | 03 | <u>'</u> | | · | | |
| | | | 84 | City | , | F | 85 Zip (| Code |
| 44 8 | the abou | o named o | cornors | ation submits this statement for the purpose | of changing its | registered | | |
| office or re | egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida. Such change was auth | norized by | tne corpo | oration's | s board of directors. I hereby accept the app | ointment as re | gistered |
| SIGNATURE | | ALOTT. B | anistarad Aaa | of cionature re | acuired sub | hen reinstating) DATE | | } |
| 12. | Signature, typed or printed name of registered agent | | 13. | in algranara re | oquirou vii | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | ORS IN 12 |
| TILE I | D | ☐ DELETE | 1.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | MILEUR, DAVID E | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1013 ORANGE ISLE | | 1.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33315 | | 1.4 CITY-5 | ST-ZIP | | | | |
| TITLE | D DELETE 2.11 | | 2.1 TITLE | | | | ☐ Change | Addition |
| NAME | MILEUR, LISA | • | 2.2 NAME | | | | | |
| STREET ADDRESS | 1013 ORANGE ISLE | | 2.3 STREE | TADORESS | | | | } |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33315 | | 2. 4 CITY- | ST-ZIP | | | Change | _ Addition |
| -πιε · | | - DELETE | 3.1 TITLE | , i | | and the second s | . Contrago | |
| NAME | • | | 3.2 NAME | ET ADDRESS | | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | | □ DELETE | 3.4. CITY- 4.1 TITLE | 51-ZIP | | | Change | Addition |
| NAME , | | <u></u> | 4. 2 NAME | . | | | | } |
| STREET ADDRESS | | | 1 | TADORESS | 1 | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | - 1 | | | | |
| TITLE | - | DELETE | 5.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | • • | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | | |
| TITLE | | DELETE | 6.1 TITLE | 7 | | | ☐ Change | ☐ Addition |
| MANIE | | | 6.2 NAME | ľ | t . | | • | 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

: REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR