FILED

Apr 29, 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 # P97000049726

1. Corporation Name

BREEDEN, LAWN, MAINTENANCE, INC.

Principal Place of Business Mailing Address												
40 BEAL PKWY FT WALTON BEACH FL 32548			40 BEAL PKWY FT WALTON BEACH FL 32548									
							DO NOT WRITE IN THIS SPACE					
							3. Date Ir corpor 06/04/199					
Principa Place of Business 2a. Mailing Address							4. FEI Number			Ap	plied For]
26							59-345369	3		No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. 22							5. Certificate of Status Desired			\$8.75 Additional Fee Recuired		
City & State			City & State				6. Election Cam	paign Financing		\$5.00	May Be	1
23			28				Trust Fund C			Added	•	
Zip Country			Zip Country				8. This corporati	on owes the curr	ent year in	tangible		
24	25		29	30			Personal Prop			Yes	[]No	Į
	9. Name and Add es	s of Current R	egistered Agent		_		10. Name and A	ddress of New F	Registere d	Agent		-
DDC	EDEN TOWNE !			18	31	Name						
	EDEN, TOMMIE L BEAL PKWY			1	32	Street Ado	ress (P.O. Box Numb	er is Not Accepta	ible)			1
FT WALTON BEACH FL 32548					33							┤
				Ľ]
				1	34	City			FL	_ 85 Zip (Code	ļ
agent. I a	am familiar with, and accep	ot the obligation	nd 607.1508, Florida Statu Florida. Such change was as of, Section 607.0505, Florida in the interval of the in	crida Statut	es.		ed when reinstating)		DATE			(80)
12.)JF	FICERS AND I		13.			ADDITIC NS/C	HANGES TO OF	FICERS / J		·	
TITLE	D		☐ DELETE	1.1 TITL	E	ļ				Change	☐ Addition	1
NAME	BREEDEN, TOMMIE			1.2 NAM								2
STREET ADDRESS						ADDRESS) I
CITY-ST-ZIP	FT WALTON BEACH	FL 32548	□ NELETE	1.4 CITY 2.1 TITL		- <u>ZIP</u>				☐ Change	Addition	5
TITLE	D		XX DELETE	1		-						
NAME XHOCK XRONALD XX STREET ADDRESS 19 MIMOSA ST.				2.2 NAME 2.3 STREET ADDRESS								ł
CITY-ST-ZIP	FT WALTON BEACH FL, 32548				2. 4 CITY-ST-ZIP							
TITLE	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			3.1 TITLE					Change	Addition	1	
NAME				3.2 NAN	ŧΕ	Į						
STREET ADDRESS	DDRESS			3.3 STR	EET.	ADDRESS						
CITY-ST-ZIP				3.4. CIT	Y- ST	ſ-ZIP						1
TITLE	☐ DELETE		4,1 TITL	4.1 TITLE					Change	Addition	İ	
NAME			4. 2 NA/								1	
STREET ADDRESS				4.3 STREET ADDRESS								1
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-2 5.1 TITLE		-ZIP				Change	Addition	1	
TITLE			□ vereig	5.1 HTL 5.2 NAM							٠٠٠٠٠٠١ ا	
NAME STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				5.4 CITY	/- \$T	-ZIP						
TITLE			☐ DELETE	6.1 TITL	Ē					Change	Addition	

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 a nual 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 appeals in Block 12 or Block 13 if changed, or on an attach year with an address with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TO MM. F. E. SIGNATUIRE AND TYPED THE PIRMED THANKS BAY GINING OFFICER OR DIRECTOR

830 830 - 8942