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

**PROFIT CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPĂRTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P97000050361 (9)

K. H. LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 8999 SE DELAWARE AVE 8999 SE DELAWARE AVE HOBE SOUND FL 33455 HOBE SOUND FL 33455 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1997 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country ZID 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KIESLING, ROBERT 400 EXECUTIVE CENTER Street Address (P.O. Box Number is Not Acceptable) **SUITE 209** 83 WEST PALM BEACH FL 33401 Zip Code 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. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of Section 607 0506, Florida Statutes. (NOTE Registered Agent signature required when reinstaing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change \_\_\_ Addition THILE D 1.1 TITUE HOBBS, KENNETH E NAME 1.2 NAME STREET ADDRESS **8999 SE DELAWARE AVE** 1.3 STRELL ADDRESS **HOBE SOUND FL 33455** 1.4 CITY - S1 - ZIP CITY - ST - ZIP Addition Change DOLLETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - \$1 - 7IP CITY - ST - ZIP DELETE Change Addition 3131116 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-SI-ZIP CITY-ST-ZIP Change Addition DELETE 4111016 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 51 THE TITLE 5.2 NAMI NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY ST-ZIP CITY-ST-ZIP Change DELETE 6111111 TITLE rocionies estes e 62 NAME NAME

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 aimust report or suppliemental amount report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

**6.3 STREET ADDRESS** 

6.4 CITY - \$1 - ZIP

STREET ADDRESS

CITY-ST-ZIP

-06/16/98---01024---018

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FILED

Jun 15 1998 8:00am

Secretary of State