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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000055496

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90025 021 ***150.00

Honizoi	ns Lawn Management,	INC.							
Principal Place 12191 SILVER & JACKSONVILLE US 2. Principal Pl 21 Suite, Apt. 22 City & State	SADDLE DR FL 32258 lace of Business #, etc.	Mailing Address 11250 OLD ST AUGUSTINE F STE 15-340 JACKSONVILLE FL 32257 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State	3D	-	DO NOT WRIT 3. Date Incorporated or Qualifed 06/23/1997 4. FEI Number 59-3419714 5. Certificate of Status Desired 6. Election Campaign Financing	E IN THIS SPAC	E Applie	ed For Applicable ditional iired	ļ.
Zip 24	Country 25	28 Zip 29 3	Country		Trust Fund Contribution 8. This corporation owes the curred Personal Property Tax.	A	dded to F es [2	Fees No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent			
1219	nn, grady r 11 silver saddle dr. Ksonville fl. 32257		81 82 83	Name Street Addre	ess (P.O. Box Number is Not Accepta	ble) 1			
			84	City		FL 85	Zip Cod	de	
. 11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statutes e of Florida. Such change was aut	the above horized by	e-named corpo the corporation	pration submits this statement for the n's board of directors. I hereby accep	ourpose of chang t the appointment	ing its reg as regis	gistered tered	-
-3-	m ramiliar with, and accept the oblig	gations of, Section 607.0505, Florid	ia Statutes						
SIGNATURE	Signature, typed or printed name of registered a	gations of, Section 507.0505, Fioric	Ia Statutes	nt signature required	when reinstating)	DATE			100
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	tegistered Ager			DATE	ECTORS	 3 IN 12	1 (08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 507.0505, Fioric	egistered Ager 13. 1.1 TITLE		when reinstating)	DATE	ECTORS		1 /44 /00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PCEO GLENN, GRADY R	gent and title if applicable. (NOTE: R	legistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature required	when reinstating)	DATE	ECTORS	 3 IN 12	034 /44/00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A PCEO GLENN, GRADY R 12191 SILVER SADDLE DR	gent and title if applicable. (NOTE: R	la Statutes legistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature required	when reinstating)	DATE	ECTORS	 3 IN 12	75034 /44/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A PCEO GLENN, GRADY R	gent and title if applicable. (NOTE: R	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature required	when reinstating)	DATE FICERS AND DIR	ECTORS	3 IN 12	(90/14/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A PCEO GLENN, GRADY R 12191 SILVER SADDLE DR	gent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	nt signature required	when reinstating)	DATE FICERS AND DIR	ECTORS	 3 IN 12	(90/14/06)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PCEO GLENN, GRADY R 12191 SILVER SADDLE DR	gent and title if applicable. (NOTE: R	Ta Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required T ADDRESS T- ZIP	when reinstating)	DATE FICERS AND DIR	ECTORS	3 IN 12	(90/11/06)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PCEO GLENN, GRADY R 12191 SILVER SADDLE DR	gent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE*	nt signature required T ADDRESS T-ZIP T ADDRESS	when reinstating)	DATE FICERS AND DIR	ECTORS	3 IN 12	CB2E034 (41/08)
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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 chapted, or on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GRADUIRE GIENN, Pres.

(904) 880-7021