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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90008 033 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000057247

CECIL & ANNIE LAWN CARE SERVICE, INC.

Principal Plac	e of Business	Mailing Address							
1352 6TH ST		1352 6TH ST							
RIVIERA BEACH	H FL 33404	RIVIERA BEACH FL 33404				50.107.1			
	•	÷					RITE IN THIS	SPACE	
	.•					3. Date Incorporated or Qualif	ea		
		T - 44 N/ 444				06/30/1997	•		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0766060			Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	ı 🗆 :		Additional
22		27						Fee i	Required
City & Stat	le , .	City & State				6. Election Campaign Financia	^{ng} □		May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the o	current year In		_
24	25	29	30			Personal Property Tax.		Yes	□No
	9, Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registered	Agent	
			8	1 N	lame				
	ERIN, CECIL	10 V 6"	8	2 6	treet Addre	ss (P.O. Box Number is Not Acce	ntable)		
1352	2 6TH ST	. 45. · 151	"	" "	Meet Addic	as (F.O. DOX Number is NOT Acce	plable)	. 34	
RIVIE	era Beach FL 33404		8	3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7753034	1 1 1 1 1	17:01:132.35
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			8	4 C	ity	•	FL	85 Zir	Code (************************************
44 Püreitant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the abo	ve-na	amed corno	ration submits this statement for		changing i	ts registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was au	thorized b	v the	corporation	n's board of directors. I hereby ac	cept the appo	intment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute	s.					
SIGNATURE	Signature, typed or printed name of registered agent					when reinstating)	DATE		<u>.</u>
40				leur ziği	Hatara reduned		-	ID DIRECT	OPS IN 12
12.	OFFICERS AND	DIRECTORS	13.		Tatore required	ADDITIONS/CHANGES TO	-		
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY- ST-ZIP