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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

NAPLES FL 34135

Suite, Apt. #, etc

21

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063606 (2)

AMERICAN LAWN CARE & MAINTENANCE, INC.

Principal Place of Business Mailing Address 10280 ENOCH LN. 10280 ENOCH LN. **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135**

FILED Feb 11 1998 8:00am Secretary of State

| | - | | | | | | |
|---|-----------------------------------|--|-------------------|--|--|--|--|
| | DO NOT WRITE IN THIS SPACE | | | | | | |
| | 3. Date Incorporated or Qualified | | | | | | |
| | 07/23/1997 | | | | | | |
| _ | 4. FEI Number | | Applied For | | | | |
| | 59-3459458 | | Not Applicab | | | | |
| | 5. Certificate of Status Desired | | \$8.75 Additional | | | | |

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City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent LAW, LESTER B STE. 600, 5811 PELICAN BAY BLVD.

2a, Mailing Address

Suite, Apt #, etc.

| | 10. Name and Address of New Registered Agent | | | | | | | | |
|----|--|----|--|--|--|--|--|--|--|
| 81 | Name | | | | | | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 83 | | | ······································ | | | | | | |
| 84 | City | 85 | 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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | | | | |
|---|---|------------|-----------------------------------|----------------------|------------------------------|-------------|--|--|--|--|
| SIGNATURE Storature typed or posted name of repotered agent and tale. Carpos able. (NOTE, Registered Agent signature required when reinstalling). DATE | | | | | | | | | | |
| 12. | Signature typed or panied name of regelered agent and title 4 apps OFFICERS AND DIRECTORS | | Registered Agent signature | | DATE O OFFICERS AND DIRECTOR | 2S INI 12 | | | | |
| TITLE | PRESIDENT | DELFTE | 11 TITLE | ADDITIONS/OFFANGES 1 | Change | Addition | | | | |
| NAME | THOMAS EARL TEGTMEYER | 4 | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 10280 ENOCH LANE | | 1.3 STREET ADDRESS | | | ļ | | | | |
| CITY-ST-ZIP | | • | 1.4 CITY - ST - ZIP | | | | | | | |
| TITLE | BONITA SPRINGS, FL 34135 | DELETE | 21 TITLE | | Change | Addition | | | | |
| NAME | VICE-PRESIDENT | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | SUSETTE LEE TEGTMEYER | | 2.3 STREET ADDRESS | | | | | | | |
| | 10280 ENOCH LANE | | 2.4 CITY - ST - ZIP | | | į | | | | |
| CITY-ST-ZIP TITLE | BONITA SPRINGS, FL 34135 | DELETE | 3.1 TITLE | | Change | Addition | | | | |
| NAME | SECRETARY-TREASURER | | 32 NAME | | onengo | | | | | |
| | SUSETTE LEE TEGTMEYER | | | | | Į. | | | | |
| STREET ADDRESS | 10280 ENOCH LANE | | 3 3 STREET ADDRESS | | | ľ | | | | |
| CITY-ST-ZIP TITLE | BONITA SPRINGS, FL 34135 | DELETE | 3.4. CITY - ST - ZIP 4.1 TITLE | | Change | Addition | | | | |
| | | LJ bett it | 4.1 111LE 4.2 NAME | | Ondings | L Recilion | | | | |
| NAME | | | | | | ſ | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | DELFTE | 4.4 CITY-ST-ZIP | | Change | Addition | | | | |
| TITLE | | L] Office | 5.1 TITLE | | LJ change | ADDITION | | | | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | | 1 | | | | |
| CiTY-ST-ZIP | | T BELETA | 5.4 CiTY-ST-ZiP | | | 1 4 4 6 6 4 | | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | ☐ Addition | | | | |
| NAME . | | | 6.2 NAME | | | 1 | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | |
| DITY . \$1. 7ID | | | RACITY-ST-7IP | | | J | | | | |

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 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.

SIGNATURE

\$5.00 May Be

Added to Fees

☐ No

Yes