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

**PROFIT CORPORATION** ANNUAL REPORT

1998

'n

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 17 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065120 (2)

COLLEGE CUTTERS LAWN AND LANDSCAPE, INC.

Principal Place of Business Mailing Address 2596 62ND TERR., N. 2596 62ND TERR., N. ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 POST OFFICE Box 225 22 <u>59-2463853</u> 21 Not Applicable Suite Apl # etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be ST. PECENSBURG 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ATKINSON, JOEL D 2596 62ND TERR., N. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33702 83 84 City Zip Code 85 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. PRES IDENT THEL D. ATKINSON SIGNATURE Signature, typod a printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ Addition TITLE □ DELETE 1.1 7(1) Change ATKINSON, JOEL D NAME 1.2 NAME CR2E034 2596 62ND TERR., N. STREET ADDRESS 1.3 STREFT ADDRESS ST. PETERSBURG FL 33702 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE BURKE, KEVIN M NAME 2.2 NAME 8454 TOBAY RD., N. STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition BURKE, THOMAS A NAME 3.2 NAME 8454 TOBAY RD., N. STREET ADDRESS 3 3 STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP 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 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