05-07-1999 90038 037 \*\*\*150.00

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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000066414**1. Corporation Name

Principal Place of Business

YOUNCE LAWN & LANDSCAPE RENOVATION, INC.

160 ALPINE COURT BRADENTON FL 34208		160 ALPINE COURT BRADENTON FL 34208				DO NOT I	WRITE IN THIS	SPA	ACE		
						3. Date inco	rporated or Qual				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Numb	per			A	pplied For
21		26				65-0772	2044			N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional					Additional
22		27				5. Certificate	or Status Desire	d 🗌		Fee R	equired
City & State	e	City & State				6. Election C	Campaign Financ	ing	5	55.00	May Be
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country	/		8. This corpo	oration owes the	current year In	tangit	ole	
24	25	29 3	0			Personal	Property Tax.			res	No
	9. Name and Address of Curre	nt Registered Agent				10. Name an	d Address of No	ew Registered	Age	1t	
			81	١	Name						
YOUNCE, FRANK CASEY 160 ALPINE COURT			82	2 5	Street Add	tress (P.O. Box N	umber is Not Acc	eptable)	_		-
BRA	DENTON FL 34208		83	1							
			84	1 0	City		<del></del>	FI	8	5 Zip	Code
									-		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was autl	norized by	r the	e corporat	tion's board of dire	ectors. I hereby a	ccept the appo	intme	nt as re	egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Ri	egistered Ager	nt sig	gnature requir	red when reinstating)		DATE			
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITION	S/CHANGES TO	OFFICERS A			
TITLE	D	☐ DELETE	1.1 TITLE							Change	☐ Addition
NAME	YOUNCE, FRANK CASEY		1.2 NAME								
STREET ADDRESS	160 ALPINE COURT		1.3 STREE	TAD	DRESS						
CITY-ST-ZIP	BRADENTON FL 34208	L 34208		1.4 CITY-ST-ZIP							
TITLE		☐ DELETE	2.1 TITLE							Change	☐ Addition
NAME			2.2 NAME								
STREET ADDRESS	•		2.3 STREE	T AD	DORESS						
CITY-ST-ZIP		<u></u> .	2.4 CITY-5	ST-Z	ZIP						
TITLE		☐ DELETE	3.1 TITLE							Change	☐ Addition
NAME			3.2 NAME								
STREET ADDRESS	SS		3.3 STREET ADDRESS		DRESS						
CITY-ST-ZIP			3.4. CITY-5	ST-Z	ZIP						
TITLE		☐ DELETE	4.1 TITLE	:			_			Change	☐ Addition
NAME			4.2 NAME		-						
STREET ADDRESS	ESS 43		4 3 STREE	4 3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-S	ST-ZI	JIP						
TITLE		☐ DELETE	5.1 TITLE							Change	Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	TAD	DRESS						
CITY-ST-ZIP			5.4 CITY-S	ST-ZI	JP						
TITLE		☐ DELETE	6.1 TITLE							Change	☐ Addition
NAME			6.2 NAME								
PTDEET ADDRESS			6.3 STREE	TAD	ODRESS						·

CITY-ST-ZIP 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

SIGNATURE: