

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

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000068314 (8)**

1. Corporation Name

JABBO'S LAWN SERVICE INC.



Principal Place of Business

P.O. BOX 170642
HIALEAH FL 33017-0642

Mailing Address

P.O. BOX 170642
HIALEAH FL 33017-0642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

65-0781972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

4411 N.W. 175 St

Suite, Apt. #, etc.

22

City & State

CAROL CITY FL 33055

Zip

33055

Country

U.S.

2a. Mailing Address

4411 N.W. 175 St

Suite, Apt. #, etc.

27

City & State

CAROL CITY FL

Zip

33055

Country

U.S.

9. Name and Address of Current Registered Agent

**ROBINSON, JARROD
4411 N.W. 175 STREET
CAROL CITY FL 33055**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **JABBO'S LAWN SERVICE OWNER** ☐ DELETE

NAME **JARROD ROBINSON**

STREET ADDRESS **4411 N.W. 175 St**

CITY-ST-ZIP **CAROL CITY**

TITLE **JABBO'S LAWN SERVICE** ☐ DELETE

NAME **JARROD ROBINSON**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **JABBO'S LAWN SERVICE OWNER** ☐ Change ☐ Addition

NAME **JARROD ROBINSON**

STREET ADDRESS **4411 N.W. 175 St**

CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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.

SIGNATURE:

JARROD ROBINSON

4-30-98 624-7371

CR2E034 (10/97)