

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. Morgham 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4411 N.W. 175 St Suite, Apt. #, etc.		2a. Mailing Address 26 4411 N.W. 175 St Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/07/1997	
22 City & State 23 CAROL CITY FL 33055		27 City & State 28 CAROL CITY FL		4. FEI Number 65-0781972	
24 33055		29 33055		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 U.S.		30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 JARROD ROBINSON	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE JABBO'S LAWN SERVICE OWNER	<input type="checkbox"/> DELETE	11 TITLE JABBO'S LAWN SERVICE OWNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JARROD ROBINSON		12 NAME JARROD ROBINSON	
STREET ADDRESS 4411 N.W. 175 ST		13 STREET ADDRESS 4411 N.W. 175 ST	
CITY-ST-ZIP CAROL CITY		14 CITY-ST-ZIP CAROL CITY FL 33055	
TITLE JABBO'S LAWN SERVICE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JARROD ROBINSON		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE 600002603918	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME -07/31/98--01040--017	
STREET ADDRESS		53 STREET ADDRESS ***150.00	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: **Jarrold Robinson** **JARROD ROBINSON** 4-30-98 624-7371

CP2E034 (10/97)