

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071578

1. Corporation Name
J.U.M. LAWN MAINTENANCE, INC.

Principal Place of Business
16895 73RD CT N
LOXAHATCHEE FL 33470

Mailing Address
16895 73RD CT N
LOXAHATCHEE FL 33470

2. Principal Place of Business
21

26 Suite, Apt. #, etc.

22 City & State
23

28 Zip
24

Country
25

29 Zip
30

Country
26

31 Name
81

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

33
83

34 City
84

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

Uel Llanes

02/17/99

DATE

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

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANES, UEL		1.2 NAME
STREET ADDRESS	16895 73RD CT N		1.3 STREET ADDRESS
CITY-ST-ZIP	LOXAHATCHEE FL 33470		1.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANES, MARGARITA		2.2 NAME
STREET ADDRESS	16895 73RD CT N		2.3 STREET ADDRESS
CITY-ST-ZIP	LOXAHATCHEE FL 33470		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 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.

SIGNATURE:

Uel Llanes

2/17/99 561-791-7039

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0373627

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90041 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0777205

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

LLANES, UEL
16895 73RD CT N
LOXAHATCHEE FL 33470

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

CR2E034 (11/98)