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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000071764 (9)

| BURT'S LAWN MAINTENAI | NCE, INC. | |
|--|--|--|
| Principal Place of Business | Mailing Address | |
| 8 W. OKOMO DRIVE HOLLYWOOD FL 33021 | 8 W. OKOMO DRIVE HOLLYWOOD FL 33021 | |
| 2. Principat Place of Business | 2a. Mailing Address | |
| Suite, Apt #, etc. 22 | 26 | |
| City & State | City & State | |

FILED Feb 02 1998 8:00am Secretary of State



| Principal Plac | ce of Business | | M | ailing Address | | | | 1 1884/1881 118 101/11 10811 QBITL DBITL DBITL DBITL DBITL 1881 LIBIT LODIN BITLE BIRL 1881 1081 |
|---|-----------------------|---------------------------------|---------------|--|----------------------------|-----------|--|--|
| 8 W. OKOMO DRIVE HOLLYWOOD FL 33021 8 W. OKOMO DRIVE HOLLYWOOD FL 33021 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | 3. Date incorporated or Qualified |
| 2. Principal I | Place of Busines | | 2= | Mailing Address | | | | 08/18/1997 4. FEI Number Applied For |
| 21 | ace of Basines | J J | 26 | Midwing Address | | | | Typphod For |
| Suite, Apt | #. etc. | | 20 | Suite, Apt. #, etc. | | | | Not Applicable \$8.75 Additional |
| 22 | ., | | 27 | , | | | | 5. Certificate of Status Desired Fee Required |
| City & Sta | te | | | City & State | | | | |
| 23 | | | 28 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | | Country | | Zip | Co | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 5] | 29 | | 30 | 10 | | Personal Property Tax due June 30. Yes No |
| | 9, Name ar | nd Address of Curr | ent Regis | tered Agent | | | | 10. Name and Address of New Registered Agent |
| | Bolduc, Ber | | | | | 81 | Name | |
| 8 W. OKOMO DRIVE HOLLYWOOD FL 33021 | | | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| " | TOLL WOOD | FL 33021 | | | | 83 | | |
| | | | | | | 84 | City | 85 Zip Code |
| 11 Pursuant | to the provision | e of Sections 607.0 | Ana sna s | 07 1508 Florida Statu | dor the r | boye | named or | orporation submits this statement for the purpose of changing its registered |
| orice or i | registered agen | it, or b oth, in the Sta | ite of Florid | da. Such change was f, Section 607.05 <mark>05,</mark> Fl | authorize | ed by | rthe corpor | ration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | | | | w |
| 12. | Signature, typed or p | OFFICERS A | | | | d Age | nt signature rec | quired when reinstating) DATE |
| TITLE | D | OFFICENS P | IND DINEC | DELETE | 13. 1.1 T | ITI E | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| NAME | _ | , BERTRAND | | | 1.2 N | | | Change |
| STREET ADDRESS | | OMO DRIVE | | | | | ADDRESS | |
| CITY-ST-ZIP | | OOD FL 33021 | | | | ITY - S' | i i | |
| TITLE | | | | DFLETE | 2.1 1 | | E- 211 | Change Addition |
| NAME | ŀ | | | | 2.2 N | | | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | 1 | ITY-S | | |
| TITLE | | | | ☐ DELETE | 3.1 71 | | | Change Addition |
| NAME | | | | | 3.2 N | AME | | · - |
| STREET ADDRESS | | | | | 3.3 S | TREET . | ADDRESS | |
| CITY - ST - ZIP | | | | | 3 4. 0 | ITY-S | 1 - ZIP | |
| TITLE | | | | DELETE | 4.1 TJ | TLE | | Change Addition |
| NAME | | | | | 4 2 N | IAME | | |
| STREET ADORESS | | | | | 4 3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | · | | | | TY-ST | - ZIP | |
| TITLE | | | | DELETE | 5.1 TI | | | Change Addition |
| NAME | | | | | 5.2 N/ | | | |
| STREET ADDRESS | | | | | 5.3 \$1 | REE1 | ADDRESS | |
| CITY-ST-ZIP | | | | T DECEM | | 14-81 | - ZIP | |
| TITLE | | | | ☐ DELETE | 6.1 TI | | | Change Addition |
| NAME | | | | | 6.2 N/ | | | |
| STREET ADORESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | 6.4 CI | TY-SI | · 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.