FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1**9**98

2. Principal Place of Business

MAINS, DEBORAH A

Suite, Apt. #, etc.

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000075217 (4)

JOEL'S LAWN & LANDSCAPING SERVICES INC

Country

** *			
Principal Place of Business	Mailing Address		
P O BOX 651305 VERO BEACH FL 32965	P O BOX 651305 VERO BEACH FL 32965		
9 -			

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Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jun 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

This corporation owes or has paid the current year lotangible

Applied For

\$8.75 Additional

Fee Required

\$5,00 May Be

Added to Fees

Not Applicable

08/28/1997

65-0789381

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent:

	5 1gth St SW Robbeach Fl 32962	62 Street	Address (P.O. Box Number is Not Acceptable)			
VE	TO DENOM FL 32802	83				
	· ·	84 City	■■ 85 Zip Code			
	<u> </u>		_FL [**] / *			
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 Stoneture typed or conted respected agent and title if spullcable INOTE: Registered Agent signature required when reinstating) DATE						
12.	Significate typed or printed name of registered agent and title if applicable (NOTE: B) OF FICE RS AND DIRECTORS	13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DELETE	1.1 TITLE	P, V, Change X Addition			
NAME		1.2 NAME	140.4 9 9			
STREET ADDRESS		1.3 STREET ADDRESS	P 0 Box 651305 405 12th ST SW			
CITY-ST-Z#P	; -	1.4 CITY-ST-ZIP	P 0 Box 651305 405 12 th ST SW Vero Bch F1 32965 Vero Beach, FL 32962			
TITLE	DELETE	2.1 TITLE	S,T, Change X Addition			
NAME		2.2 NAME	Mains, Deborah			
STREET ADDRESS		2.3 STREET ADDRESS	405 12th St SW			
CITY-ST-ZIP	*	2. 4 CITY-ST-ZIP	Vero Bch F1 32962			
TITLE	DELETE	3.1 TITLE	Change Addition			
NAME	ė	3.2 NAME				
STREET ADDRESS	: ##	3.3 STREET ADDRESS				
CITY-ST-ZIP	The state of the s	3.4. CITY-ST-ZIP				
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	-	4. 2 NAME				
STREET ADDRESS	<u>.</u>	4.3 STREET ADDRESS				
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP				
TITLE	. DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME	÷	5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	Change Addition			
RAME	į.	6.2 NAME	2000025767 7 2 7 0			
STREET ADDRESS		6.3 STREET ADDRESS	-07/01/9801008017 /////			
CITY-ST-ZIP	3	6.4 CfTY-ST-ZIP	***150.00 V			
14. Thereby 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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the receiver or frustee 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						

Country

Name

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