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 # **P97000081306**

L.S.A. LAWN ENFORCEMENT, INC.

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1431	COU	NTY	LINE	ROA	D
OAK	LIII I	EI.	22750	1	

Mailing Address

1431 COUNTY LINE ROAD OAK HILL FL 32759

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90127 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/19/1997

						4. FEI Number	App	lied For	
2. Principal Place of Business		⊢ ¬	2a. Mailing Address			52-2044693	Not	Applicable	
21		26	Cuite Ant # oto				\$8.75 Ad		
Suite, Apt. #	≠, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Req	luired	
22		27	Oit. 9 Ctato			6. Election Campaign Financing	\$5.00 N	Vlav Be	
City & State			City & State			Trust Fund Contribution	Added to	• 1	
23		28	7:-	Country		This corporation owes the current year Interest.	angible		
Zip	Country	<u></u> ⊢ ¬	Zip	- ' '		Personal Property Tax.	∐ Yes	□No _	
24	25	29		30		10. Name and Address of New Registered	Agent		
	9. Name and Address of Curren	t Regist	ered Agent	81	Name				
MACHEON CADI					82 Street Address (P.O. Box Number is Not Acceptable)				
WASILESKI, CARL					Street Add	dress (P.O. Box Number is Not Acceptable)		j	
	PALM AVENUE			02					
11108	SVILLE FL 32796			83	83				
				84	City	FL	85 Zip C	ode	
							ebonging its	registered	
11 Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	s, the abov	e-named cor	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	ntment as re(gistered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was at Section 607.0505. Flor	itnorized by ida Statutes	tne corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint			
agent. i ai	m tamiliai with, and accept the oblige								
SIGNATURE	Signature, typed or printed name of registered age	nt and title i	f applicable. (NOTE:	Registered Age	nt signature requ	ired when reinstating) DATE	ID DISCOTO	DC IN 12	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS AT	Change	Addition	
TITLE	PD		☐ DELETE	1.1 TITLE			☐ Glialige		
NAME	LAMATTINA, WILLIAM			1.2 NAME				ĺ	
STREET ADDRESS	POST OFFICE BOX 6220			1.3 STREE	TADDRESS				
	TITUSVILLE FL 32782			1,4 CITY-	ST-ZIP				
CITY-ST-ZIP	VD		☐ DELETÉ	2.1 TITLE	·		Change	Addition	
TITLE	SHANK, KELLY			2.2 NAME		•		;	
NAME	1431 COUNTY LINE ROAD			2.3 STREE	T ADDRESS		•		
STREET ADDRESS				2. 4 CITY-					
CITY-ST-ZIP	OAK HILL FL 32759		☐ DELETE	3,1 TITLE	<u> </u>		[] Change	☐ Addition	
TITLE				3.2 NAME				ļ	
NAME					T ADDRESS				
STREET ADDRESS					Ì				
CITY-ST-ZIP			C) DELETE	3.4. CITY- 4.1 TITLE	51-21		☐ Change	☐ Addition	
TITLE			☐ DELETE			•			
NAME				4. 2 NAM					
STREET ADDRESS					T ADDRESS				
CHY-ST-ZIP				4.4 CITY-	ST-ZIP	<u> </u>	☐ Change	Addition	
TITLE			☐ DELETE	5.1 TITLE				_	
NAME	1			5.2 NAME	1				
STREET ADDRESS	S				ET ADDRESS				
CITY-ST-ZIP				5.4 CITY-			Charge	☐ Addition	
TITLE			☐ DELETE	6.1 TITLE			☐ Change		
NAME				6.2 NAM					
				6.3 STRE	ET ADDRESS				
STREET ADDRESS	1			6.4 CITY	ST-ZIP				
CITY-ST-ZIP		حنطة طقنية	files does not qualify fo	r the exem	ation stated i	in Section 119.07(3)(i), Florida Statutes. I further of	artify that the	information	

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: