

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

FILED

Jul 13 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morand
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082388 (4)
1. Corporation Name
LAWNS & MORE OF NAPLES, INC.



Principal Place of Business 28391 TASCA DR. Mailing Address 28391 TASCA DR.
BONITA SPRINGS FL 34108
3150 SEASIDE WAY #601 34135
BONITA SPRINGS FL 33928

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3150 SEASIDE WAY #601 Mailing Address 28391 TASCA DR.
BONITA SPRINGS FL 34135
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State BONITA SPRINGS FL City & State BONITA SPRINGS FL
Zip 34135 Country USA Zip FL Country USA

3. Date Incorporated or Qualified 09/22/1997
4. FEI Number 59-3468534
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SIMONS, RAINELL
885 EXCALIBUR CIR., UNIT G-2
NAPLES FL 34108
MICHAEL J. MODUNO
3150 SEASIDE WAY #601
BONITA SPRINGS FL 34135
28391 TASCA DR
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent
81 Name MICHAEL J. MODUNO
82 Street Address (P.O. Box Number is Not Acceptable) 3150 SEASIDE WAY #601
83 28391 TASCA DR
84 City BONITA SPRINGS FL 85 Zip Code 34135

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 MICHAEL J. MODUNO MICHAEL J. MODUNO 3-4-98
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	MICHAEL J. MODUNO	
STREET ADDRESS	28391 TASCA DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	V. President	<input type="checkbox"/> DELETE
NAME	MICHAEL J. MODUNO	
STREET ADDRESS	28391 TASCA DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	MICHAEL J. MODUNO	
STREET ADDRESS	28391 TASCA DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	MICHAEL J. MODUNO	
STREET ADDRESS	28391 TASCA DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 MICHAEL J. MODUNO MICHAEL J. MODUNO 3-4-98 495-8932

CR2E034 (10/97)