

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90010 016 \*\*\*150.00

DOCUMENT # P97000082388

1. Corporation Name

LAWNS & MORE OF NAPLES, INC.

Principal Place of Business

28391 TASCA DR  
BONITA SPRINGS FL 34135  
US

Mailing Address

28391 TASCA DR  
BONITA SPRINGS FL 34135  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

59-3468534

Applied For

Not Applicable

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 15600 OLD 41

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip

24 34110

Country

25 US

2a. Mailing Address

26 P.O. Box 2364 Bonita Springs FL 34135

Suite, Apt. #, etc.

27

City & State

28 Bonita Springs FL

Zip

29 34133

Country

30 US

9. Name and Address of Current Registered Agent

MODUNO, MICHAEL J  
28391 TASCA DR  
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name MODUNO Michael J.

82 Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box 4241 MARINERS LN #3

83

84 City Bonita Springs FL 85 Zip Code 34134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVTs ☐ DELETE

NAME MODUNO, MICHAEL J

STREET ADDRESS 28391 TASCA DR

CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVTs ☐ Change ☐ Addition

1.2 NAME MODUNO, MICHAEL J.

1.3 STREET ADDRESS P.O. Box 2364

1.4 CITY-ST-ZIP Bonita Springs FL 34133

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Michael J. Moduno Michael J. Moduno

Date

941-495-8932

Daytime Phone #

CR2E034 (11/98)

0464762