

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90200 003 ***150.00

DOCUMENT # P97000085074

1. Corporation Name
LAWNMOWER MAN, INC.



Principal Place of Business
999 W. LANCASTER ROAD
SUITE 1
ORLANDO FL 32809

Mailing Address
999 W. LANCASTER ROAD
SUITE 1
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3471696

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

21 999 W. LANCASTER RD

2a. Mailing Address

26 999 W. LANCASTER RD

Suite, Apt. #, etc.

22 STE 5

Suite, Apt. #, etc.

27 STE 5

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip Country

24 32809 25

Zip Country

29 32809 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWLING, JOSEPH F
999 W. LANCASTER ROAD
SUITE 1
ORLANDO FL 32809

81 Name

BOWLING, JOSEPH F

82 Street Address (P.O. Box Number is Not Acceptable)

999 W. LANCASTER RD, STE 5

83

84 City

ORLANDO

85 Zip Code

FL 32809

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 provisions 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)

4/21/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BOWLING, JOSEPH F
STREET ADDRESS 999 W. LANCASTER ROAD
CITY-ST-ZIP ORLANDO FL 32809

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME BOWLING, PAUL F.C.
STREET ADDRESS 999 W. LANCASTER ROAD
CITY-ST-ZIP ORLANDO FL 32809

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME BOWLING, MARION
STREET ADDRESS 999 W. LANCASTER ROAD
CITY-ST-ZIP ORLANDO FL 32809

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99

(407) 826-9004

CR2E034 (11/98)