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CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

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Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90045 008 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090704

Corporation Name

STREET ADDRESS

CITY-ST-ZIP

TOTAL CONTROL LAWN MAINTENANCE, INC.

IOIAL	,	111 217 11702) 1170		
Principal Plac	ce of Business	Mailing Address		r seemen me rêrri seem eem eem eem eem eem eem eem eem ee
4321 DREXEL	•	4321 DREXEL AVENUE		
ORLANDO FL		ORLANDO FL 32808		
				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualifed 10/22/1997
2. Principal F	Place of Business	2a. Mailing Address	·	4. FEI Number Applied For
21		26		59-3474102 Not Applica
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	<u></u>	27.	<u></u>	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23	-	28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29 29 Agent	30	Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	y, Marrie and Address o	or Current Registered Agent	81 Name	
AME	RILAWYER			
343	ALMERIA AVENUE		82 Street	et Address (P.O. Box Number is Not Acceptable)
COF	RAL GABLES FL 33134		83	5
	<i>:</i>			
	÷		84 City	□ 85 Zip Code
11 Pursuant	to the provisions of Sections	607.0502 and 607.1508. Florida Statuti	es, the above-named	ad corporation submits this statement for the purpose of changing its registere
office or i	registered agent, or both, in t	607.0502 and 607.1508, Florida Statut he State of Florida. Such change was a he obligations of, Section 607.0505, Flo	uthorized by the corp	ed corporation submits this statement for the purpose of changing its registere reporation's board of directors. I hereby accept the appointment as registered
office or i	registered agent, or both, in t am familiar with, and accept th	he State of Florida. Such change was a he obligations of, Section 607.0505, Flo	uthorized by the corp rida Statutes.	rporation's board of directors. I hereby accept the appointment as registered
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office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the familiar with, and accept the Signature, typed or printed name of region of FIC WILLIAMS, KENNETH E 4321 DREXELL AVE ORLANDO FL 32808	he State of Florida. Such change was a he obligations of, Section 607.0505, Flo gistered agent and title if applicable. (NOTE CERS AND DIRECTORS	registered Agent signature 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayline Phone #

:R2E034 (11/98)