

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90016 039 \*\*\*150.00

**DOCUMENT # P97000094009**

1. Corporation Name

**A CUT ABOVE LANDSCAPING & LAWN CARE, INCORPORATE**  
**D**



Principal Place of Business

2158 SAN REMO DRIVE  
BIG PINE KEY FL 33043

Mailing Address

2158 SAN REMO DRIVE  
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 **21423 Overseas Hwy**

26 **21423 Overseas Hwy**

4. FEI Number

65-0792639

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.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, LISA  
2158 SAN REMO DRIVE  
BIG PINE KEY FL 33043

81 Name

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

83

84 City

**FL**

85

Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **GRANGER, RICHARD**  
STREET ADDRESS **2158 SAN REMO DR**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**

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

TITLE **VP** ☐ DELETE  
NAME **GRANGER, LISA**  
STREET ADDRESS **2158 SAN REMO DR**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/27/99 305-745-3630**

CR2E034 (5/99)

P97000094009  
593183-90016-39

A CUT ABOVE  
*Landscaping & Lawn Care, Inc.*  
21423 Overseas Highway  
Cudjoe Key, Florida 33042  
(305) 745-1900

July 27, 1999

Department Of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: 65-0792639

Dear Sir/Madame:

Enclosed please find our Check number 2033 in the amount of \$150.00 to cover the cost of the filing fee of our Annual Report.

I am writing to request that the penalty be forgiven. We did not receive the first notice at all. We have been having great difficulty with receiving our mail. ~~We did~~ move but we notified the post office in a timely manner. Yet we have not been receiving our mail. Apparently, the post office has simply been returning the mail to the sender. We have not been late in paying the fee to you in the past. The four hundred penalty would create a hardship at this time.

Thank you.

Very truly yours,

  
Lisa Granger