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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094094 (4)

BENDY'S LAWNCARE SERVICES, INC.

FILED May 07 1998 8:00am Secretary of State

DENUT	S LAWNOANE SERVICES, II	40.			
Principal Place of Business		Mailing Address		-{	il 01011 00110 16111 0161 1061
7820 MARSHALL DR.		7620 MARSHALL DR.			
LAND O'LAKES PL 34639		LAND O'LAKES FL 34639		DO NOT WRITE IN THIS	PDACE.
				3. Date Incorporated or Qualified	J. AOL
				10/31/1997	Ī
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Home		26 7620 marshall Dr		59-3475728	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Ch. & Clair		City P State			Fee Required
City & State	Shakes FI	City & State	11 34639	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Land C	Country	28 Land C Lakes	Country	8. This corporation owes or has paid the cu	
		29 34639 30	,	· · · · · · · · · · · · · · · · · · ·	Yes No
<u> </u>	9. Name and Address of Current			10. Name and Address of New Registered	Agent
HORTON, BELINDA V 81 Name					
7820 MARSHALL DR.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LAND O'LAKES FL 34639					
			83		
			84 City		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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE By Ward V Horson Bendy's Lawn Care Signature, typed or printed harms of the obligation and talled approach in (NOTE: Registered Agent signature required when reinstahng) DATE DATE					
SIGNATURE	Signature, typed or printed name of rogistered agent	d when reinstaing) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS ANI	
TITLE	DPT	DELETÉ	1.1 TITLE		Change Addition
NAME	HORTON, BELINDA V		1.2 NAME		
STREET ADDRESS	7620 MARSHALL DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL 34639		1.4 CITY-ST-ZIP		
TITLE	DVS	_	2.1 TITLE		☐ Change ☐ Addition
NAME	HORTON, JOHN S		2.2 NAME		
STREET ADDRESS	7620 Marshall dr. Land O'Lakes Fl 34639		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAND O DARCO I E 04009		2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		i	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME		į	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		1	62 NAME		D Supplies D Magniton
STREET ADDRESS			6 3 STREET ADDRESS]
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		1
	ertily that the information supplied wit			Section 119.07(3)(i), Florida Statutes. I further co	erlify that the information

4. 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.

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