

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90197 009 ***150.00

DOCUMENT # P97000095679

1. Corporation Name

SUNSHINE STATE LAWN CARE, INC.

Principal Place of Business

**13366 KETRIDGE AVENUE
PORT CHARLOTTE FL 33953**

Mailing Address

**13366 KETRIDGE AVENUE
PORT CHARLOTTE FL 33953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

65-0794094

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 5469 Kempson Lane

2a. Mailing Address

26 P.O. Box 27213

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port Charlotte FL

City & State

28 Ft. Meade, FL

Zip Country

24 33981 25 USA

Zip Country

29 33927 30 USA

9. Name and Address of Current Registered Agent

**FISCHER, C. MICHAEL ESQ
2800 PLACIDA ROAD
SUITE 112
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

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

D ☒ DELETE
THOMPSON, HAROLD V
13366 KETRIDGE AVENUE
PORT CHARLOTTE FL 33953

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition
1.1 TITLE **P/m**
1.2 NAME **Jeffrey D. Kittredge**
1.3 STREET ADDRESS **5469 Kempson Lane**
1.4 CITY-ST-ZIP **Port Charlotte, FL 33981**

☐ Change ☒ Addition
2.1 TITLE **V/T/S.**
2.2 NAME **Denise I. Kittredge**
2.3 STREET ADDRESS **5469 Kempson Lane**
2.4 CITY-ST-ZIP **Port Charlotte, FL 33931**

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

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

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

☐ Change ☐ Addition
6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 (941) 698-5066

CR2E034 (11/98)