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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103048

1. Corporation Name
CRYSTAL BEACH LAWN CARE, INC.

Principal Place of Rusiness

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90020 002 ***150.00



2 INDUSTRIAL PARK LANE. UNIT C-4 DESTIN FL 32541		2 INDUSTRIAL PARK LANE. UNIT C-4 DESTIN FL 32541			T WRITE IN THIS	SPACE		
					3. Date Incorporated or Qu 12/08/1997	ualifed		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21 1209	AIRPORT ROAD #10	26 1209 AIRPORT	: RD #	¥10	59-3499732			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desi	ired 🔲	•	5 Additional Required
22 City & State	е	City & State			6. Election Campaign Final	ncing	\$5.1	00 May Be
23		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Countr	<u></u>	8. This corporation owes the	ne current year In	tangible	
24	25	29	30		Personal Property Tax.	,	∐Yes	⊠Nó
	9. Name and Address of Current		-		10. Name and Address of	New Registered	Agent	
			8	1 Name				i
	at, david B		8:	2 Strant	Address (P.O. Box Number is Not A	(coontable)	_	
2 INI	Dustrial Park Lane, Unit C-4		°	2 Street	Address (F.O. Box Number is NOTA	(Ceptable)		1
DEST	TIN FL 32541		8:	3				
			8-	4 City			85 2	Zip Code
						FL		- !! eletened
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida. Such change was au ions of Section 607.0505. Flori	s, the abor thorized by	ve-named y the corp	corporation submits this statement to oration's board of directors. I hereby	y accept the appo	intment a	s registered
agent a		30110 DI, DOCAGII CO. 10000, 1 1011	ua Statute	·S.				
SIGNATURE	Signature, typed or printed name of registered agent				required when reinstating)	DATE		
		t and title if applicable. (NOTÉ: D DIRECTORS				DATE	ND DIREC	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTÉ:	Registered Ag	ent signature i	required when reinstating)	DATE		CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTÉ: D DIRECTORS	Registered Ag	ent signature i	ADDITIONS/CHANGES	DATE TO OFFICERS AI	ND DIREC	CTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTÉ: D DIRECTORS	13. 1.1 TITLE	ent signature i	ADDITIONS/CHANGES	DATE TO OFFICERS AI	ND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DURST, JUSTIN	t and title if applicable. (NOTÉ: D DIRECTORS	13. 1.1 TITLE	ent signature i	ADDITIONS/CHANGES	DATE TO OFFICERS AI	ND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DURST, JUSTIN 448 FLESHMAN DR.	t and title if applicable. (NOTÉ: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature i	ADDITIONS/CHANGES	DATE TO OFFICERS AI	ND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DURST, JUSTIN 448 FLESHMAN DR. DESTIN FL 32541	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature i	ADDITIONS/CHANGES	DATE TO OFFICERS AI	ND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D DURST, JUSTIN 448 FLESHMAN DR. DESTIN FL 32541	t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature i	ADDITIONS/CHANGES	DATE TO OFFICERS AI	ND DIREC	CTORS IN 12
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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (850) 837-76664

CR2F034 (11/98)