PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000104501

HAYES LAWN SERVICE, INC.

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90050 026 ***150.00



Principal Place of Business Mailing Address 7110 NORTH HIGHWAY 95A 7110 NORTH HIGHWAY 95A MOLINO FL 32577 MOLINO FL 32577 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/01/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year intangible Zip Country □No Yes 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAYES, BILLY Street Address (P.O. Box Number is Not Acceptable) 82 7110 NORTH HIGHWAY 95A MOLINO FL 32577 83 City 84 **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS ☐ DELETE ☐ Change ☐ Addition President/owner TITLE Billy R. Hayes Jr. 12 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 3.1 TITLE (T) DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP - Change --- - Addition DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE (TILE NAME 52 NAME 5.3 STREET ADDRESS STREET, DORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 61 TITLE ☐ Change TITLE R2 NAME NAME 6.3 STREET ACCRESS 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:

Billy K	14	Une V	hi.		RE	Ţ
SHOWATURE AND TYPED	70.71	PINETO NAMESTA	SIGNING OF	FICER OR	DIRECTOR	Т