## 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

## DOCUMENT # P98000013636

1. Corporation Name

JOHN GROFF LAWN CARE SERVICE, INC.

Principal Place of Business
6310 TANAGER STREET
SARASOTA FL 34241

Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90133 026 \*\*\*150.00



6310 TANAGER STR SARASOTA FL 3424		6310 TANAGER STREET SARASOTA FL 34241				DO NOT WRITE IN THE	S SPACE		
							02/10/1998	<del></del>	
2. Principal Place	of Business	_	iling Address				4. FEI Number	$\vdash$	Applied For
21		26					102-00121100		Not Applicable
Suite, Apt. #, et	C.	<b>⊢</b>	te, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
22		27	. P. Ctata				, , , , , , , , , , , , , , , , , , ,		<u> </u>
City & State		— i	/ & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	28 Zip		Cou	untry		8. This corporation owes the current year li		/
24	25	29		30	<b>,</b>		Personal Property Tax.	Yes	₩No
	Name and Address of Curre		d Agent	1001	1		10. Name and Address of New Registered	d Agent	
					81	Name			
SCHEB,		82 Street A			Ctroot Addr	ess (P.O. Box Number is Not Acceptable)		———	
22 S TU	TTLE AVENUE				02	Street Addre	ess (F.O. Box Number is Not Acceptable)		
SUITE 3					83				
SARASO	TA FL 34237				-	0.1	4.70.10	95 7	ip Code
					84	City	F	L  85   Z	ip code
office or regist agent. I am far	e provisions of Sections 607.05 ered agent, or both, in the State miliar with, and accept the oblig	e of Florida. Si	uch change was a	utnorize	a by	tne corporatio	oration submits this statement for the purpose on so board of directors. I hereby accept the appropriate the state of the	if changing pintment as	registered registered
SIGNATURE	ture, typed or printed name of registered ag-	ent and title if applic	cable. (NOTE	: Registered	d Agen	t signature required	when reinstating) DATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE D			□ DELETE	1.1 Ti	TLE			Chang	ge 🗌 Addition
NAME GR	roff, John P			1.2 N	AME				
STREET ADDRESS 63	10 TANAGER STREET			1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP SA	RASOTA FL 34241			1.4 C	ITY-S1	r- ZIP			
TITLE D			☐ DELETÉ	2.1 TI	ITLE	j			ge Addition
NAME GF	roff, Lisa C			2.2 N	***			☐ Chanç	1
	10 TANAGER STREET			2.2 N	AME			∐ Criani	ļ
CITY-ST-ZIP SA	たんたのする じし へんへんく					ADDRESS		□ Criani	
TITLE	RASOTA FL 34241			2.3 S	TREET		1		In Addition
	HASUTA FL 34241		☐ DELETE	2.3 S <sup>2</sup> 2.4 C 3.1 TI	TREET CITY-S ITLE		*	Chang	ge Addition
NAME	HASUTA PE 34241		☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N	TREET CITY-S ITLE IAME	T-ZIP			je □ Addition
STREET ADDRESS	MASUTA PE 34241		☐ DELETE	2.3 S <sup>2</sup> 2.4 C 3.1 TI 3.2 N 3.3 S <sup>2</sup>	TREET CITY-S ITLE IAME TREET	T-ZIP ADDRESS			je ☐ Addition
STREET ADDRESS CITY-ST-ZIP	HASUTA FE 34241			2.3 S <sup>2</sup> 2.4 C 3.1 TI 3.2 N. 3.3 S <sup>2</sup> 3.4. C	TREET CITY-S ITLE IAME TREET CITY-S	T-ZIP ADDRESS		☐ Chang	
STREET ADDRESS CITY-ST-ZIP TITLE	HASUTA FE 34241		☐ DELETE	2.3 S <sup>2</sup> 2.4 C 3.1 TI 3.2 N 3.3 S <sup>2</sup> 3.4 C 4.1 TI	TREET CITY-S ITLE IAME TREET CITY-S	T-ZIP ADDRESS	*		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	HASUTA FE 34241			2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	TREET CITY-S TREET CITY-S TTLE VAME	T-ZIP ADDRESS T-ZIP	~	☐ Chang	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	HASUTA PE 34241			2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N 4.3 S' 4.4 Cl 5.1 TI	TREET CITY-S TREET CITY-S TREET TREET TREET TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS	•	☐ Chang	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HASUTA PE 34241		DELETE	2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S	TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS F-ZIP		☐ Chanş	ge Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP