

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 14, 1999 8:00 am  
Secretary of State

05-14-1999 90009 043 \*\*\*300.00

DOCUMENT # P98000016485

1. Corporation Name

LAWN & ORNAMENTAL MANAGEMENT, INC.

Principal Place of Business

4600-B ENTERPRISE AVE  
NAPLES FL 34104

Mailing Address

4600-B ENTERPRISE AVE  
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

59-3486531

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 3771 15TH AVE SW

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FL

24 Zip Country

34117 USA

2a. Mailing Address

26 3771 15TH AVE SW

Suite, Apt. #, etc.

27 City & State

28 NAPLES, FL

29 Zip Country

34117 USA

9. Name and Address of Current Registered Agent

KIRBY, BOBBY JOHN JR.  
3771 15TH AVE SW  
NAPLES FL 34117

10. Name and Address of New Registered Agent

81 Name  
KIRBY, BOBBY JOHN JR  
82 Street Address (P.O. Box Number is Not Acceptable)  
3771 15TH AVE SW  
83  
84 City  
NAPLES, FL  
85 Zip Code  
34117

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 agent 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]*  
Signature, typed or printed name of registered agent and title, if applicable.

*BOBBY J. KIRBY JR.*  
(NOTE: Registered Agent signature required when registering)

4/28/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	JOHNSON, JOHN F	1112 FOREST LAKES BLVD	NAPLES FL 34109	<input checked="" type="checkbox"/>
D	KIRBY, BOBBY JOHN JR.	3771 15TH AVE SW	NAPLES FL 34117	<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V/T/D	KIRBY, BOBBY JOHN JR	3771 15TH AVE SW	NAPLES, FL 34117	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/S/D	KIRBY TAMMY MICHELLE	3771 15TH AVE, SW	NAPLES, FL 34117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/99

941-643-4357  
Daytime Phone #

CR2E034 (11/98)