

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016538

1. Corporation Name
PATTERSON'S LAWN MAINTENANCE, INC.



Principal Place of Business 21701 FREEMAN DRIVE UMATILLA FL 32784	Mailing Address 21701 FREEMAN DRIVE UMATILLA FL 32784
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 85 S. PINE AVE		2a. Mailing Address 26 PO BOX 615		3. Date Incorporated or Qualified 03/01/1998	
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number 59-3494082	
23 UMATILLA FL		28 UMATILLA FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32784		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 32784		30 USA		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLOCOMB, LORRAINE M 21701 FREEMAN DRIVE UMATILLA FL 32784				10. Name and Address of New Registered Agent			
				81 Name David A. Patterson			
				82 Street Address (P.O. Box Number is Not Acceptable) 85 S. Pine Ave.			
				83			
				84 City Umatilla		85 Zip Code FL 32784	

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 David A. Patterson **David A. Patterson** 7/13/99
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATTERSON, DAVID A		1.2 NAME	
STREET ADDRESS 19840 EAST CR 450		1.3 STREET ADDRESS 85 S PINE AVE	
CITY-ST-ZIP UMATILLA FL 32784		1.4 CITY-ST-ZIP UMATILLA FL 32784	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATTERSON, CYNTHIA A		2.2 NAME	
STREET ADDRESS 19840 EAST CR 450		2.3 STREET ADDRESS 85 S. PINE AVE	
CITY-ST-ZIP UMATILLA FL 32784		2.4 CITY-ST-ZIP UMATILLA FL 32784	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: David A. Patterson **David A. Patterson** 7/13/99 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (352) 664-6548

CR2E034 (5/99)