04021999-90046-024-$158.75-$158.75

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90046 024 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017026

1. Corporation Name
BOYER BROTHERS LAWN CARE, INC.

Principal Place of Business	Mailing Address
17315 BRIDLEPATH COURT LUTZ FL 33549	17315 BRIDLEPATH COURT LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: 65-0814212 ☐ 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

9. Name and Address of Current Registered Agent

BOYER, SHAWN
17315 BRIDLEPATH COURT
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ 3-30-99
Signature, 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	☑ DELETE	1.1 TITLE	P/S/D	☑ Change ☐ Addition
NAME	BOYER, SHAWN		1.2 NAME		
STREET ADDRESS	17315 BRIDLEPATH COURT		1.3 STREET ADDRESS	17315 Bridlepath Court	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP	Lutz, Fl. 33549	
TITLE	D	☑ DELETE	2.1 TITLE	V/T/D	☑ Change ☐ Addition
NAME	BOYER, CHAD		2.2 NAME	Boyer, Chad	
STREET ADDRESS	19504 HIAWATHA ROAD		2.3 STREET ADDRESS	19504 Hiawatha Road	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	Odessa, Fl. 33556	
TITLE		☐ DELETE	3.1 TITLE	V/of Operations	☐ Change ☑ Addition
NAME			3.2 NAME	Kissack, Jason	
STREET ADDRESS			3.3 STREET ADDRESS	2727 West Fletcher Ave. Apt. 8D	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tampa, Fl. 33618	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 REQUIRED 3-30-99 (813)920-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #