

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90084 012 ***150.00

DOCUMENT # P98000032026

1. Corporation Name

BJ'S LANDSCAPING & MAINTENANCE, INC.

Principal Place of Business
1658 SAND KEY CIRCLE
OVIEDO FL 32765

Mailing Address
1658 SAND KEY CIRCLE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

59-3504083

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

2a. Mailing Address

21 974 KERWOOD CIRCLE

26 974 KERWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OVIEDO, FL

City & State

28 OVIEDO, FL

Zip Country

24 32765

25 USA

29 32765

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALONE, WILLIAM C IV
827 MENENDEZ COURT
ORLANDO FL 32801

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

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
NAME MAYHOOD, WILLIAM E JR.
STREET ADDRESS 1658 SAND KEY CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MAYHOOD, WILLIAM E JR.
1.3 STREET ADDRESS 974 KERWOOD CIRCLE
1.4 CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ DELETE
NAME MAYHOOD, CHRISTINE M
STREET ADDRESS 1658 SAND KEY CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME MAYHOOD, CHRISTINE M.
2.3 STREET ADDRESS 974 KERWOOD CIRCLE
2.4 CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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:

WILLIAM E MAYHOOD JR

1-15-99 407-366-4169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4169

CR2E034 (11/98)