

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90084 012 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2. Principal Place of Business
 21 **974 KERWOOD CIRCLE**

2a. Mailing Address
 26 **974 KERWOOD CIRCLE**

4. FEI Number
59-3504083

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **OVIEDO, FL**

City & State
 28 **OVIEDO, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip
 24 **32765** Country
 25 **USA**

Zip
 29 **32765** Country
 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYHOOD, WILLIAM E JR.	1.2 NAME	MAYHOOD, WILLIAM E JR
STREET ADDRESS	1658 SAND KEY CIRCLE	1.3 STREET ADDRESS	974 KERWOOD CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYHOOD, CHRISTINE M	2.2 NAME	MAYHOOD, CHRISTINE M.
STREET ADDRESS	1658 SAND KEY CIRCLE	2.3 STREET ADDRESS	974 KERWOOD CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	OVIEDO, FL 32765
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, 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 #

CR2E034 (11/98)