AFTER MAY 1ST IS \$550.00 ---

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90056 036 ***150.00

TIM LON	nGWELL LAWN SERVICE, II						
PENSACOLA FL 32506 PENSACOLA FL 32506					DO NOT WRITE IN THIS	SPACE	
						SPACE	
					3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					05/01/1998 4. EELNumber	Anr	plied For
<u> </u>					50-2510905	_ 	Applicable
21 Suite Ant	25 Suite, Apt. #, etc. Suite, Apt. #, etc.				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$8.75 A	
22 Suite, Apr.					5. Certificate of Status Desked	Fee Rec	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	
Zip	· · · · · · · · · · · · · · · · · · ·			ntry	8. This corporation owes the current year Int.	angible	
24			30		Personal Property Tax.		No
		nt Registered Agent			10. Name and Address of New Registered	Agent	
			[-	81 Name	,		l
			ł	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
9. Name and Address of Current Registered Agent FORD, J. STEVEN ESQ. 107 N. PALAFOX ST. PENSACOLA FL 32501				63			
			}	84 City		85 Zip C	ode
			- 1	1 .	F <u>L</u>	1 .	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorized to the families with, and accept the obligations of, Section 607.0505, Florida SIGNATURE Signature, byed or brings ranked registered agent and were replicable. (NOTE: Reg				by the corporation teg.	P. Tay 99		
12.	OFFICERS AF	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	R\$ IN 12
				LE			Addition]
TITLE	DRG.SIDENT	☐ DELETE	1.1 TIR			Change	G
TITLE	PRESIDENT	☐ DELETE	1.1 TITE 1.2 NA			Change	
	PRESIDENT Tim LONGWELL SALDY DOK DE		1.2 NA			Change	
NAME	SALAY OFE OF		1.2 NAI 1.3 STR	ME .			
NAME STREET ADDRESS	Persona PL 30		1.2 NAI 1.3 STR	ME REET ADDRESS Y-ST/ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Persona PL 30	2506	1.2 NAI 1.3 STF 1.4 C/F	ME REET ADDRESS Y-ST-ZIP LE			
NAME STREET ADDRESS CITY- ST- ZIP TITLE	Persone PL 3	2506	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAI	ME REET ADDRESS Y-ST-ZIP LE			
NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Persone PL 3	250 €	1.2 NAI 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAI 2.3 STF	ME REET ADDRESS Y-ST-ZIP LE ME		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Persone PL 3	250 €	1.2 NAI 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAI 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAI	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		☐ Change	Addition
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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: