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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000043018

1. Corporation Name

QUALITY	LAWN & LANDSCAPE OF	. JACKO	UNVILLE, ING.						
Principal Place	e of Business	Maili	ing Address				f fallifali ita ihini hahit dalit dasit andib enit alabb riki ansar maar idib raas		
2006 ORLEAN DRIVE JACKSONVILLE FL 32210 2006 ORLEAN DRIVE JACKSONVILLE FL 32210									
						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		
							05/12/1998		
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number Applied For		
21		26					59-3511006 Not Applicable		
Suite, Apt. #, etc.		5	Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Sertificate Of Status Desired 5. Ser		
22			<u></u>				ree Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees		
Zip	Country	Z	<u>Zip</u>		intry		8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29		30			Personal Property Tax. Yes YNO 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registe	red Agent		81	Name	10. Name and Address of New Registered Agent		
SHU	TT DONALD H SP				"				
SHOTT, DONALD H SR. 2006 ORLEAN DRIVE						Street Addr	Address (P.O. Box Number is Not Acceptable)		
	KSONVILLE FL 32210				83				
JACI	CONTRILLE FE SEE TO				83				
					84	City	FL 85 Zip Code		
agent. I a	m familiar with, and accept the oblig	ations of, S	Section 607.0505, FIO	rida Stat	utes.		on's board of directors. I hereby accept the appointment as registered		
12.	OFFICERS A	ND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			☐ DELETE	1.1 TI	TLE		PRESIDENT (P) Change Addition		
NAME				12 N	AME		DONALD H. SHOTT, SR.		
STREET ADDRESS				1.3 S	TREET	ADDRESS	2006 ORLEAN DR.		
CITY-ST-ZIP				1.4 C	πγ- <u>\$</u> Τ-	ZIP	Jacksonville, Fr. 32210		
TITLE		DELETE 2		2.1 TI	πLE		Secretary (5) Schange Addition		
NAME				2.2 N	AME		Stephanie T. Shott 2006 ORLEAN DR.		
STREET ADDRESS				235	TREET A	NODRESS	2006 ORLEAN DR.		
CITY-ST-ZIP				_	CITY-ST	-ZIP	Jack sonville, Ft. 32210		
TITLE			☐ DELETE	3.1 TI	ITLE		Change Addiso		
NAME				3.2 N					
STREET ADDRESS				3.3 S	TREET A	ADDRESS			
CITY-ST-ZIP				_	ATY-ST	-ZIP	☐ Change ☐ Additio		
TITLE			☐ DELETÉ	4 1 TI		Ì	€ Change		
NAME				4 2 N					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					ITY-ST-	ZIP	☐ Change ☐ Additio		
TITLE			☐ DELETE	5.1 T			Change Addition		
NAME				5.2 N			-		
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP					ITY-ST-	ZIP	☐ Change ☐ Additio		
TITLE	L .		☐ DELETE	6.1 TI	IILE	l			

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: DONALD

NAME

STREET ADDRESS

CITY-ST-ZIP

693-9125