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**

DOCUMENT # P98000046340

1. Corporation Name

CITY & COUNTY LAWN SERVICE INC.

Principal	Place	of Business

Maifing Address

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90033 042 ***150.00



904 FEDERAL S ORLANDO FL S		904 FEDERAL STREET ORLANDO FL 32805			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 05/22/1998	
Principal Place of Business 2a. Mailing Address		4. FEI Number Applied For				
21		26 D. D. BOX	5521	169	59-3479/0/ Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	e	City & State	7/or	ida	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	Country 25	29 32855 [Country	ange	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	
			81	Name		
YOUNG, LULA-MAE 904 FEDERAL STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32805		83			
			84	City	85 Zip Code	
				L	FL S S S S S S S S S	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes f Florida. Such change was aut	s, the abov	e-named the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	fa Statutes	i.,		
SIGNATURE						
48	Signature, typed or printed name of registered agent		Registered Age	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE			Change Addition	
TITLE	D VOLING LUI A MAE	□ pereir	1.1 TITLE			
NAME	YOUNG, LULA-MAE		1.2 NAME			
STREET ADORESS	904 FEDERAL STREET		1.3 STREE	TADORESS .		
CITY-ST-ZIP	ORLANDO FL 32805		14 CITY-9	T-ZIP	Change Additio	
TITLE	D	☐ DELETE	2.1 TITLE		Change	
NAME	HUGLEY, WILLIE M		2.2 NAME			
STREET ADDRESS	904 FEDERAL STREET	2.3 STREET ADDRESS		TADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		2.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Additio	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additio	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio	
NAME			5.2 NAME	l		
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-5	T-ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Additio	
NAME			62 NAME		· 	
STREET ADDRESS			6.3 STREE	TADORESS		
CITY-ST-ZIP			64 CITY-5	IT-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: