

1ST IS \$550.00

005549

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[REDACTED]

**DOCUMENT # P98000060949**

1. Corporation Name

**DAVID JOHNS LAWN MAINTENANCE, INC.**

Principal Place of Business

**5941 SUGARCANE LANE  
LAKE WORTH FL 33467**

Mailing Address

**5941 SUGARCANE LANE  
LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/08/1998**

4. FEI Number

**65-0850384**

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

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City &amp; State

**28**

Zip

Country

9. Name and Address of Current Registered Agent

**JOHNS, DAVID  
5941 SUGARCANE LANE  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**President**☐ DELETE

NAME

**David W. Johns**

STREET ADDRESS

**5941 Sugarcane Lane  
Lake Worth, FL 33467**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

**Secretary**☐ Change☐ Addition

12 NAME

**Kelly B. Johns**

13 STREET ADDRESS

**5941 Sugarcane Lane  
Lake Worth, FL 33467**

14 CITY-ST-ZIP

21 TITLE

☐ Change☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**JB  
3-24-99**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

**David Johns**

Date

**1-10-98 561 753-0987**

Daytime Phone #

CR2E034 (11/98)