

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90055 039 ***150.00

DOCUMENT # P98000065848

1. Corporation Name

BRIAN'S BETTER LAWNS & GARDENS, INC.



Principal Place of Business

6584 MAGNOLIA LANE
FORT MYERS FL 33912

Mailing Address

6584 MAGNOLIA LANE
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

2. Principal Place of Business

21 15000 ORANGE RIVER RD

2a. Mailing Address

26 15000 ORANGE RIVER RD

4. FEI Number

65-0852400

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 FT. MYERS, FL. LEE

City & State

28 FT. MYERS, FL.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip Country

24 33905 25 LEE

Zip Country

29 33905 30 LEE

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MULLOY, PAUL
STREET ADDRESS 6584 MAGNOLIA LANE
CITY-ST-ZIP FORT MYERS FL 33912

DELETE

1.1 TITLE PD
1.2 NAME PAT MULLOY
1.3 STREET ADDRESS 15000 ORANGE RIVER RD.
1.4 CITY-ST-ZIP FT. MYERS, FL 33905

Change Addition

TITLE VD
NAME MULLOY, BRIAN
STREET ADDRESS 6584 MAGNOLIA LANE
CITY-ST-ZIP FORT MYERS FL 33912

DELETE

2.1 TITLE VD
2.2 NAME BRIAN MULLOY
2.3 STREET ADDRESS 15000 ORANGE RIVER RD.
2.4 CITY-ST-ZIP FT. MYERS, FL 33905

Change Addition

TITLE STD
NAME MULLOY, GALE
STREET ADDRESS 6584 MAGNOLIA LANE
CITY-ST-ZIP FORT MYERS FL 33912

DELETE

3.1 TITLE STD
3.2 NAME GALE MULLOY
3.3 STREET ADDRESS 15000 ORANGE RIVER RD.
3.4 CITY-ST-ZIP FT. MYERS, FL 33905

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: GALE MULLOY GALE MULLOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

Date

941-693-6699

Daytime Phone #

CR2E034 (11/98)