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 # P98000066005

DAVID'S LAWN CARE, INC.

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

02-26-1999 90016 034 ***150.00



Principal Place	of Business	Mailing Address							
231 GODWIN ROAD 231 GODWIN ROAD							•		•
LAKE WALES F	L 33853	LAKE WALES FL 33853				DO NOT WR	ITE IN THIS	SPACE	
					-				
						3. Date Incorporated or Qualifect 07/28/1998) 		
2. Principal Pi	ace of Business 6 Country Lake C	2a. Mailing Address	ry Lak	e Circ	de	4. FEI Number 59-35 2667	7	Not	olied For Applicable
Suite, Apt.	wales F1	Suite, Apt. #, etc.	D F	7		5. Certificate of Status Desired		\$8.75 A Fee Red	
City & State		City & State 28 33453	,5			6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	
Zip	Country	Zip	Count	ry		8. This corporation owes the cu	rrent year Int	angible	Ì
24	25	29	30			Personal Property Tax.		Yes	□No
1	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered.	Agent	
			8	Name		6- RUNYON			Ì
RUN'	yon, Peggy G					s (P.O. Box Number is Not Accep	table)		
231	1	"337/	6	water Lake Cin	Je.				
LAKE	E WALES FL 33853		8	33 ()	1.0.	1 0 54			
				Lake	<u>l Wa</u>	les, Fr.		T-1 - 1 - 1	
			8	34 City		•	FI	85 3 3 3 6	2°2 \
44	to the provisions of Sections 607.0	502 and 607 1609 Florida Statu	tes the abo	we-named	COLDOLS	tion submits this statement for th	e numose of	changing its	registered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was a	authorized t	by the corpo	oration's	s board of directors. I hereby according	ept the appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Flo	orida Statuti	as.					
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE Re-			gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					RS IN 12
12.		DELETE		1,1 TITLE				Change	☐ Addition
TITLE	DIMIYON DAVED T						_	_ ,	_
NAME.	RUNYON, DAVID T		1.2 NAM	E	33.	76 Country Lake Walls, F1 3385	Circle		
STREET ADDRESS	231 GODWIN ROAD		. I	EET ADDRESS	2.3	2300	-		
CITY-ST-ZIP	LAKE WALES FL 33853		_	'-ST-ZIP	الملا	wars, 17 - 3383		rt Change	□ Addition
TITLE	D	☐ DELETE	2.1 TITL	Ē	ŀ			Change	Addition
NAME	runyon, Peggy G		2.2 NAM	E		^	. ,		_
STREET ADDRESS	231 GODWIN ROAD		2.3 STR	EET ADDRESS	33	16 Country Lelle (& Walls, 7 338	ircle		* •
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CIT	Y-ST-ZIP	Low	6 wars, 47 338	<u> </u>		
TITLE		☐ DELETE	3,1 TITLI	E				Change	☐ Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STR	EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME			4. 2 NAN						
				EET ADDRESS					
STREET ADDRESS				1					
CITY-ST-ZIP		☐ DELETE	5.1 TITL	r-ST-ZIP	 			Change	Addition
TITLE		□ becei	5.1 IIIL				**.		
NAME				EET ADDRESS					
STREET ADDRESS									i
CITY-ST-ZIP		——————————————————————————————————————		/-ST-ZIP	_			- Channe	[] Addition
TITLE		☐ DELETE	6.1 TITU					☐ Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STR	EET ADDRESS					
CITY-ST-ZIP			6.4 CITY	∕-ST-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 exporation 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:

NG OFFICER OR DIRECTOR