

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0013113

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000080874**

1. Corporation Name

**R & D COMPLETE LAWN CARE, INC.**

FILED

99 JUL 16 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04/30/99 90117028 150

DO NOT WRITE IN THIS SPACE

<b>Principal Place of Business</b> 587 COLUMBUS AVE. ORANGE CITY FL 32763	<b>Mailing Address</b> 587 COLUMBUS AVE. ORANGE CITY FL 32763
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3. Date Incorporated or Qualified  
**09/14/1998**

<b>2. Principal Place of Business</b> 21 <b>3150 W DALE CIR</b> Suite, Apt. #, etc. 22 City & State 23 <b>DELAND FL</b> Zip 24 <b>32720</b> Country 25 <b>VOLUSIA</b>	<b>2a. Mailing Address</b> 26 <b>3150 W DALE CIR</b> Suite, Apt. #, etc. 27 City & State 28 <b>DELAND FL</b> Zip 29 <b>32720</b> Country 30 <b>VOLUSIA</b>
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4. FEI Number  
**59-3538433** 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**DAVIS, ROBERT**  
**587 COLUMBUS AVE.**  
**ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent  
81 Name **DARIN BOONE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3150 W DALE CIRCLE**  
83  
84 City **DELAND** FL 85 Zip Code **32720**

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  **DARIN BOONE VPS PR** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>587 COLUMBUS AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOONE, DARIN</b>	2.2 NAME	
STREET ADDRESS	<b>700 GRACIE COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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 in an attachment with an address.

SIGNATURE:  **DARIN BOONE** DATE

CR2E034 (5/99)

R & D COMPLETE LAWN CARE, INC.  
2150 W DALE CIRCLE  
DELAND, FL 32720

July 9, 1999

To Whom It May Concern:

We never received a rejection letter on our 1999 annual report filled in April with a check for \$ 150.00.

Enclosed is the 2nd notice report filled out with the Federal I.D. number and and the new registered agents name and signature.

Thanks for your help on the phone today.

Sincerely,

*Rita Boone*

Rita Boone