


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90184 019 \*\*\*150.00

0548765

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000082230					
1. Corporation Name PRECISION LAWN MAINTENANCE & LANDSCAPING, INC.					
Principal Place of Business P.O. BOX 238384 ALLANDALE FL 32123-8384			Mailing Address P.O. BOX 238384 ALLANDALE FL 32123-8384		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/21/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		593540689	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax.	
Country		Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26		31		9. Name and Address of Current Registered Agent	
27		32		10. Name and Address of New Registered Agent	
28		33		81 Name	
29		34		82 Street Address (P.O. Box Number is Not Acceptable)	
30		35		83	
31		36		84 City	
32		37		85 Zip Code	
33		38		FL	
34		39		Zip Code	
35		40		Zip Code	
36		41		Zip Code	
37		42		Zip Code	
38		43		Zip Code	
39		44		Zip Code	
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62		67		Zip Code	
63		68		Zip Code	
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89		94		Zip Code	
90		95		Zip Code	
91		96		Zip Code	
92		97		Zip Code	
93		98		Zip Code	
94		99		Zip Code	
95		100		Zip Code	

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: *Richard Halcomb* 4/30/99 (904) 316-0338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)