


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90167 030 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000089306**

1. Corporation Name

**A 2 J LAWCARE & MAINTENANCE, INC.**

Principal Place of Business

5955 60TH AVENUE, NORTH  
ST. PETERSBURG FL 33709

Mailing Address

5955 60TH AVENUE, NORTH  
ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

10/19/1998

4. FEI Number

59-3554521

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.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City &amp; State

23

Zip Country

24

25

27 City &amp; State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**ACEBO, ARIEL**  
**5955 60TH AVENUE, NORTH**  
**ST. PETERSBURG FL 33709**

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 title if applicable.

Ariel Acebo

(NO E-Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**D**  
**ACEBO, ARIEL**  
**5955 60TH AVENUE, NORTH**  
**ST. PETERSBURG FL 33709**
TITLE ☐ DELETE
**D**  
**ACEBO, MARY R**  
**5955 60TH AVENUE, NORTH**  
**ST. PETERSBURG FL 33709**
TITLE ☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel Acebo

4-23-99

Date

560-8026

Daytime Phone #

CR2E034 (11/98)