

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  
May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90022 030 \*\*\*150.00

DOCUMENT # P98000094258

1. Corporation Name

FIRST CLASS LAWNS OF NAPLES, INC.

Principal Place of Business  
4420 BAYSHORE DR., #148  
NAPLES FL 34112

Mailing Address  
4420 BAYSHORE DR., #148  
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4460 BAYSHORE DR.

Suite, Apt. #, etc.

22 #134

City & State

23 NAPLES, FL

Zip

24 34112

Country

25 USA

2a. Mailing Address

26 4460 BAYSHORE DR.

Suite, Apt. #, etc.

27 #134

City & State

28 NAPLES, FL

Zip

29 34112

Country

30 USA

3. Date Incorporated or Qualified

11/04/1998

4. FEI Number

59-3541027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SAUD, JOSE  
4420 BAYSHORE DR., #148  
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4460 BAYSHORE DRIVE.

83 #134

84 City NAPLES

FL

85 Zip Code 34112

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

TITLE DPS ☒ DELETE

NAME SAUD, JOSE

STREET ADDRESS 4420 BAYSHORE DR., #148

CITY-ST-ZIP NAPLES FL 34112

TITLE VPT ☒ DELETE

NAME SAUD, JOSE

STREET ADDRESS 4420 BAYSHORE DR., #148

CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS ☒ Change ☐ Addition

1.2 NAME Saud, Jose

1.3 STREET ADDRESS 4460 Bayshore Dr. #134

1.4 CITY-ST-ZIP Naples, FL 34112

2.1 TITLE VPT ☒ Change ☐ Addition

2.2 NAME Saud, Jose

2.3 STREET ADDRESS 4460 Bayshore Dr. #134

2.4 CITY-ST-ZIP Naples, FL 34112

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0459625