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 # P98000100262

	n Name							
R & R LAWN MANICURING, INC.								
					_			
Principal Place	e of Business	Mailing Address						/·
11325 MEADOW LANE 11325 MEADOW LANE								
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135			1135			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/25/1998		
2. Principal P	lace of Business	2a. Mailing Address					A	pplied For
21		26				59-3546356	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Comment of Change Downer	Fee R	equired
City. & Stat	8220	ــ = City & State ـــ ـــ	- يحيون بحيت		ب ميونسسين به	E I I	\$5.00	
23]		28			_	Trust Fund Contribution		to Fees
Zip	Country	Zip	_	ıntry		8. This corporation owes the current year Int	angible Yes	No
24	25	[29]	30	1		Personal Property Tax. 10. Name and Address of New Registered		CE INC
	9. Name and Address of Current	t Kegisterea Agent		81 Na	me	IV. Name and Address of New Registered	- Agont	
PURC	ELL, REBECCA				_			
11325 MEADOW LANE BONITA SPRINGS FL 34135				82 Str	Street Address (P.O. Box Number is Not Acceptable)			
				83		· · · · · · · · · · · · · · · · · · ·		
							1 1 -	
				84 Cit	У	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida St	atutes, the a	ibove-nan	ned corpo	ration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change w	as authorize(d by the c	orporation	's board of directors. I hereby accept the appo	ntment as re	egistered
-			,					{
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Registered	d Agent signa	ture required			
12.	OFFICERS AN		13,			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETI	1.1 11	ITLE	İ			
NAME	PURCELL, REBECCA		1.2 N	AME			☐ Change	☐ Addition
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CITY-ST-ZIP			1.3 5	TREET ADDR	ESS		Change	Addition
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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 adachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ENDARED

DELETE

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90138 026 ***150.00

☐ Addition

Change