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Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90017 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000108394

1. Corporation Name  
EDWARD'S LAWN CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 953 WOODGATE DRIVE PALM HARBOR FL 34685  
Mailing Address 953 WOODGATE DRIVE PALM HARBOR FL 34685

3. Date Incorporated or Qualified  
12/23/1998

2. Principal Place of Business 21  
Suite, Apt. #, etc. 22  
City & State 23  
Zip 24 Country 25  
2a. Mailing Address 26  
Suite, Apt. #, etc. 27  
City & State 28  
Zip 29 Country 30

4. FEI Number 59-3556358 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

9. Name and Address of Current Registered Agent  
REISS, EDWARD G  
953 WOODGATE DRIVE  
PALM HARBOR FL 34685

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] Pres. DATE: 2-16-99  
(NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: OFFICERS AND DIRECTORS (12), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include REISS, EDWARD G and SCHULZ, WALTER A.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include fields for 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 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] SIGNATURE REQUIRED DATE: 2-17-99 DAYTIME PHONE #: 727 419-7050

CR2E034 (1/98)