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All Seasons Law	u and LandScape	. Concepts, I	NC.	-
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All Seasons Law, 5840 Red Bug La Winter Springs	FL 32708		/own):	
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NEW FILINGS	AMENDMENT	S	F STAT	
Profit	Amendment		RAGE 6	S
NonProfit	Resignation of R.A.,	Resignation of R.A., Officer/ Director		
Limited Liability	Change of Registere	Change of Registered Agent		
Domestication	Dissolution/Withdra	Dissolution/Withdrawal		
Other	Merger	Merger		
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OTHER FILINGS		REGISTRATION/2		
Annual Report	QUALIFICA	TION	-	
Fictitious Name	Foreign	· ·		•
Name Reservation	Limited Partnership			1-009
3	Reinstatement		K	100
	Trademark		i j	$\sim 100$

Other

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 18, 1999

Mr. Steve M. Benfer, President ALL SEASONS LAWN AND LANDSCAPE CONCEPTS, INC. 5840 Red Bug Lake Road Winter Springs, Fl. 32703

Dear Mr. Benfer,

It has been brought to the attention of the Department of State, Division of Corporations, that service of process cannot be served on you as registered agent for ALL SEASONS LAWN AND LANDSCAPE CONCEPTS, INC., at the mail drop box address of 5840 Red Bug Lake Road, Winter Springs, Fl. 32703. In accordance with section 48.091, Florida Statutes, "every corporation shall keep the registered office open from 10:00 a.m. to 12:00 noon each day except Saturdays, Sundays, and legal holidays, and shall keep one or more registered agents on whom process may be served at the office during these hours" and not at a drop box.

Consider this letter as notification of the Department of State's 60 day notice of intent to administratively dissolve ALL SEASONS LAWN AND LANDSCAPE CONCEPTS, INC. for failure to maintain a registered agent as required by section 607.1420, Florida Statutes. The corporation will be dissolved on or after May 21, 1999 unless an address change that complies with section 48.091, F.S., or indication that service can be properly served at 5840 Red Bug Lake Road, Winter Springs, Fl. 32703 is received by this office.

I am enclosing a "Statement of Change of Registered Office or Registered Agent or Both for Corporations" form to be completed and returned with the filing fee of \$35.00. If you have questions regarding this matter feel free to contact this office at (904) 487-6900.

Sincerely,

(Mrs.) Karon Beyer, Chief

Bureau of Commercial Recording

Division of Corporations

KB/ml Enclosure

www.sunbiz.org

Division of Corporations • 409 Fast Gaines Street • Tallahassee, FL 32399

## FATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of $\frac{1}{10000000000000000000000000000000000$
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: HI SEASONS LAWN AND LANDSCAPE
Concepts, Inc.
2. The mailing address of the corporation is: 5840 Red Bug Lake Road, PMR#5
Winter Springs, FL 32708
3. Date of incorporation/qualification: 2/22/99 Document number: P 99000 2090
4. The name and address of the current registered agent and office:
Steve M. Benser, President 5840 Red Bug Lake Road
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Mail Copy Plustic Kathleen Turner, Manager 3 5840 Red Bug Lake Road, PMB#5
Winter Springs, FL 32708
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board
14 Kl
(Signature of an officer, chairman or vice chairman of the board) (Date)
STEVE BENFER PRESIDENT 5/14/99
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent)  (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)  (Capacity)
(Capatry)

\* \* \* FILING FEE: \$35.00 \* \* \*