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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$18755

1. Corpora ion Name

B & M LAWN MAINTENANCE, INC.

Principal Place of Business Mailing Address							. (8816818 181 11881 1811) 18	*** ***** *** ****	2:211 P1211 81811 81	
84 OAKWOCD DR. DUNEDIN FL 34698		84 OAKWOOD DR. DUNEDIN FL 34698								
DUNEDIN FL 34	1030	DUNEDIN FE 34030				DO NOT WRITE IN THIS SPACE				
						3. D	ate Ir corporated or Qua	lifed		
						1	12/17/1990			
2. Principa Pl	ace of Business	2a. Mailing Address				4. F	El Number		Apr	plied For
21		26				5	19-3050055			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc:				5 . C	Certificate of Status Desire	ed 🔲	\$8.75 A Fee Red	
City & S ate		City & State				lection Campaign Financ		\$5.00		
·	,	28			i	rust Fund Contribution		Added to		
Zip	Country	Zip Country				This corporation owes the current year Intangible				
24	25		¬ '			[Personat Property Tax.			[]No
	9. Name and Address of Current	+				10. N	lame and Address of N	ew Registered	Agent	
				81	Name					
MOSHER, JAMES BRYAN				82	Ctroot /	Address /B C	D. Box Number is Not Ac			
84 C	AKWOOD DR.			02	SHEELF	Audiess (F.O	J. BOX NUMBER IS NOT AC	septable/		
DUN	EDIN FL 34698			83						
				84	City				85 Zip C	ode
					•			FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent O r both, in the State of m familiar with and accept the object	2 and 607.1608, Florida Statute	s, the al	bove Lhv	-named o	corporation s eration's boar	submits this statement for rd of cirectors. I hereby a	r the purpose of accept the appo	f changing its i pintment as rec	registered gistered
agent. a	m familiar with and accept the olarigat	ions of Section 607 0505, Flori	ida Statı	ites.	50.50	are non o boar			- 00	
SIGNATURE	× 1,0000 21 12	01 (05)W/			PRE	SIDEN	Л	4-45	-99	
			_	Agen	signature re	equired when rein	obitions/CHANGES TO	DATE	NO DIDECTO	E C IN 12
12.		DELETE	13.			AL	DDITIUNS/CHANGES TO	J OFFICERS A	☐ Change	Addition
TITLE	D MOONED MARKE DOVAN									
NAME	MOSHER, JAMES BRYAN		1 2 NA		*000000					ŀ
STREET ADDRESS	84 OAKWOOD DR.	1.3 STREET A 1.4 CITY-ST		ì						
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NAME			i i		ADDRESS					
STREET ADDRE 3S			1		ľ					}
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NAME	li.		5.2 N	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CI	TY- \$1	-ZIP				_	
TITLE		☐ DELETE	6.1 TI	TLE					☐ Change	Addition
NAME			6.2 N	ME						
STREET ADDRE 3S			6.3 ST	REET	ADDRESS					
OTT OF TO			64 CI	TY-S1	-ZiP					

14. 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 employed to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an attachment with all other like empowered.

SIGNATURE:

BRYAN MOSHED -25-99