FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S38953

(3)

ULTRA LAWN CARE, INC.

Business	Mailing Address	i saatinin jää jiisk võika joiat niina jiit alaik kiaki kihit kihit aleit hkeit jäk i
N LANE	6220 RICHARDSON LANE	

FILED Mar 25 1998 8:00am Secretary of State

6220 RICHARDSON LANE SARASOTA FL 34240 US DO NOT WRITE IN THIS SPACE S. Date incorporated or Qualified Q3/15/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0253519 Not Applied For Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 29 Country 21 Country 29 Country 29 29 30 Personal Property Tax due June 30. Yes No Not Acceptable) For Registered Agent HELMUTH, MARION J 6220 RICHARDSON LANE SARASOTA FL 34240 B3 64 City 65 Street Address (P.O. Box Number is Not Acceptable) FL 85 Sirp Code 11. Pursuant to the provisions of Soctions 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, hyed or printed hence of registered agent and familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. [NOTE Registered Agent signature required when reinstalling) DATE	Principal Place of Business Mailing Address						- 1 3401/1010 300 11/03 70/30 30/01 0/100 11/11 0/0/3 0/0/4 6/0/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1			
28. Mailing Address 29. Mailing Address 29. Mailing Address 20. Mailing Address 20. Mot Applied For Not Applicable Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. City & State 25. Certificate of Status Desired \$8.75 Additional Fee Required \$5.00 May Be \$5.		SARASOTA FL 34240		SARASOTA				3. Date Incorporated or Qualified	E IN THIS S	PACE
Suite, Apt. #, etc. Suite, Ap	2.	Principal Place of Busi	ness	2a. Mailing /	Address					Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	21]		26				65-0253510		
28	22)		— — · ·	ol. #, etc.					\$8.75 Additional
25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent HELMUTH, MARION J 6220 RICHARDSON LANE SARASOTA FL 34240 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Et 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or profiled name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	23			28						
HELMUTH, MARION J 6220 RICHARDSON LANE SARASOTA FL 34240 B2 Street Address (P.O. Box Number is Not Acceptable) B3 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, hyped or profiled name of registered agent and file if explicable (NOTE: Registered Agent signature required when reinstating) DATE	24		25	29	30	untry	· ·	1		
6220 RICHARDSON LANE SARASOTA FL 34240 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, hyped or profiled name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE		9. Name	and Address of Cur	rent Registered Age	ent			10. Name and Address of New Registered Agent		
SARASOTA FL 34240 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 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, hyped or profiled hence of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE				L		ss (P.O. Box Number is Not Accepta	hle)			
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signature. Signature. Signature, hyped or profiled heave of registered agent and of registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature. Signature required when reinstating) DATE							1			I -
Signature, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE	11	ornice or registered ag	jeni, or both, in the Sti	ate of Fiorida, Such d	change was authorize	IO DV	/ the corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the appo	changing its registered intment as registered
	SI									
OFFICERS AND DIRECTORS					(NOTE: Registers	d Age	nt signature required		DATE	

office or re agent. I a	egistered agent, or both, in the State of Florida. Such change was at m familiar with, and accept the obligations of, Section 607.0505, Flor	thorized by the corp ida Statutes.	poration's board of directors. I hereby acc	cept the appointment as r	registered		
SIGNATURE							
		Registered Agent signature	required when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP DELETE	1.1 TITLE		☐ Change	Addition		
NAME	HELMUTH, MARION J	1.2 NAME					
STREET ADDRESS	6220 RICHARDSON LANE	1.3 STREET ADDRESS					
ÇITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP					
TITLE	DELETE	2.1 TITLE		☐ Change	Addition		
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2. 4 CITY - ST - ZIP					
TITLE	DELETE	3.1 TITLE		Change	Addi¹		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Ado		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		44 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Add:		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY - ST - ZIP					
TITLE	DELETE	6.1 TITLE		Change	Addit		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY OF TIP		I					

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 informat 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.

SIGNATURE: