

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90024 022 ***150.00

DOCUMENT # **S40479**

1. Corporation Name
TRICHO LAWN, INC.

Principal Place of Business
5334 OLD WINTER GARDEN RD
STE D
ORLANDO FL 32811
US

Mailing Address
PO BOX 617125
5427 TIMBERLEAF BLVD.
ORLANDO FL 32861
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1991

4. FEI Number

59-3055997

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

2. Principal Place of Business

21 **2128 W. Pine Street**

Suite, Apt. #, etc.

22 **Orlando FL**

City & State

23 **32805 Orange**

Zip

Country

24

25

2a. Mailing Address

26 **Same AS ABOVE**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

EVANS, H. DUKE, JR.
5427 TIMBERLEAF BLVD.
ORLANDO FL 32811

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
EVANS, H. DUKE, JR.
5427 TIMBERLEAF BLVD.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, DAISY M.
5427 TIMBERLEAF BLVD.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
AMOS, HARRY
4728 MIRAMAR RD
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
HAMILTON, GLENDY
5242 LETHA ST
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, RUTH
2504 CATALINA DR
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AMOS, HAZEL
7806 AREZZO ST
ORLANDO FL

TITLE
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7806 AREZZO ST
ORLANDO FL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 **(407) 481-8928**

Date

Daytime Phone #

CR2E034 (1/98)

0107813