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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

COCUMENT # S40479

Principal Place of Business

ERICHO LAWNS, INC.

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

05-05-1999 90024 022 ***150.00



5334 OLD WINTER GARDEN RD STE D ORLANDO FL 32811 US		PO BOX 617125 5427 TIMBERLEAF BLVD. ORLANDO FL 32861 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/26/1991					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			App	lied For
21 2/28	W. Pine Street	26 SAME AS	ABO	øJ.	<u>e</u>	59-3055997				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State 23 32805 Oranse		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 30	Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent		
			81	Na	me					
evans, H. Duke, Jr. 5427 Timberleaf Blvd .			82	Str	eet Addr	ess (P.O. Box Number is Not Acceptable	e)			
ORLANDO FL 32811			83							
			84	Cit	у		FL	85	Zip C	ode
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 pnnied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE										
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	CP	☐ DELETE	1.1 TITLE					☐ Chi	ange	Addition
NAME	Evans, H. Duke, Jr.		1.2 NAME							
STREET ADDRESS	5427 TIMBERLEAF BLVD.		1.3 STREET	TADDR	ESS					
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	T- ZIP						Addition
TITLE	D	☐ DELETE	2.1 TITLE					Cha	ange	[_] Audition
NAME	EVANS, DAISY M.		2.2 NAME		İ					
STREET ADDRESS	5427 TIMBERLEAF BLVD.	i i	2.3 STREET		ESS	-				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-S	ST-ZIP	_			☐ Cha	2000	Addition
TITLE	MD		3.1 TITLE		1				ange	
NAME	AMOS, HARRY	4	3 2 NAME							
STREET ADDRESS	4728 MIRAMAR RD		3.3 STREET		ESS					
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-S 4.1 TITLE	ST-ZIP	_			☐ Ch	ange	Addition
TITLE	MD CLENDY	_	4. 2 NAME							_
NAME	HAMILTON, GLENDY		4.3 STREET	TADDE	IEGE					
STREET ADDRESS	5242 LETHA ST		4.3 STREET		.533					
CITY-ST-ZIP TITLE	ORLANDO FL D	□ DELETE	4.4 C(114-5) 5.1 TITLE	1-ZIP	 			☐ Ch	ange	Addition
NAME	JONES, RUTH		5.2 NAME					_	·	_
	2504 CATALINA DR		5.3 STREET	T ADDR	ESS					
STREET ADDRESS	ORLANDO FL	i	5.4 CITY-S	T-ZIP						
City-St-Zip	D D		6.1 TITLE		+		·	Cha	ange	Addition
NAME	AMOS, HAZEL		6.2 NAME						-	
STREET ADDRESS			6.3 STREET	T ADDR	ESS					
2 HILL ADDINGS	1 VOO MILLELV UI				1					

ORLANDO FL 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.