

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
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90008 040 ***550.00

DOCUMENT # S43229

1. Corporation Name

ALL AMERICAN LAWN & GARDEN CARE, INC.

Principal Place of Business

**567 4TH SW
LARGO FL 34640
US**

Mailing Address

**567 4TH SW
LARGO FL 34640
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1991

4. FEI Number

59-3067481

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

21 567 4TH ST SW

2a. Mailing Address

26 567 4TH ST SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 LARGO FL

City & State

28 LARGO FL

Zip

Country

24 33770 25 US

Zip

Country

29 33770 30 US

9. Name and Address of Current Registered Agent

**FRANK W MC FATHER
567 4TH AT SW
NO, 11-102
LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name

FRANK W MC FATHER

82 Street Address (P.O. Box Number is Not Acceptable)

567 4TH ST SW

83

84 City LARGO

FL

85 Zip Code 33770

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

TITLE ☐ DELETE

NAME **PTD**

STREET ADDRESS **567 4TH ST SW**

CITY-ST-ZIP **LARGO FL 34640**

TITLE ☐ DELETE

NAME **VPS**

STREET ADDRESS **567 4TH ST SW**

CITY-ST-ZIP **LARGO FL 34640**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

LARGO FL 33770

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

LARGO FL 33770

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **Frank W. McFather** **Frank W. McFather**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-99

Date

727 588-9657

Daytime Phone #

CR2E034 (11/98)