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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State. DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: () GILL LALL () CX

(8)

DOCK'S LAWN SERVICES, INC.

Principal Plac	e of Business	Mailing Address					
19 FANFAIR AVE ORLANDO FL 32811 US		19 FANFAIR AVE ORLANDO FL 32811 US	ORLANDO FL 32811			DO NOT WRITE IN TH	IS SPACE
						3. Date Incorporated or Qualified 04/29/1991	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number 59-3072399	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State		<del></del>	6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip [ <b>29</b> ]	Country 30			<b>8.</b> This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible  Yes No
	9, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	ed Agent
	OCK, MATTIE Fanfair ave			81	Name		
	RLANDO FL 32811			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
	•			83			
	•		l	84	City		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 rogistered 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.							
SIGNATURE	Signature, type for proted mene of regularies a	to change to chapping the	TE. Registere	d Agei	ni signature required	d whon reinstating) DAT	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PT	DELETE	1.1 TI				☐ Change ☐ Addition
NAME	DOCK, VERNON 19 FANFAIR AVE		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS 19 FANHAIR AVE  ORLANDO FL			1.4 CITY-ST-ZIF				
TITLE	VPS	DELETE	2 1 TITLE				Change Addition
NAME	DOCK, MATTIE		2.2 N/	ME	İ		
STREET ADDRESS	19 FANFAIR AVE		2.3 \$1	REE1.	ADDRESS		
CITY-ST-ZIP	ORLANDO FL	DELETE	2. 4 C(1Y-ST-ZIP		T-ZIP		Chance I deliver
TITLE				3.1 TITLE 3.2 NAME			Change Addition
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP							
TITLE				3.4. CITY - ST - ZIP 4.1 THLE			Change Addition
NAME				4 2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 C)				
TITLE				5.1 TITLE			Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 S1	REFT	ADDRESS		
CITY-ST-ZIP			5.4 CI		T-71P		
TITLE		DELETE	6 1 70	r) E	ŀ		Channe

6.2 NAME

14. Thereby 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 eath; 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 13 if changed, or on an attachment with an address.