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**

DOCUMENT # **S77598**

1. Corporation Name

SHAMROCK LAWN AND GARDEN SERVICE, INC.

Principal Place of Business	Mailing Address	
P O BOX 1731 VALRICO FL 33596 US	P O BOX 1731 VALRICO FL 33595	
2. Principal Place of Business	2a. Mailing Address	

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90295 009 ***150.00



VALRICO FL 33595 US		VALRICO FL 33595				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 08/29/1991			
2. Principal Place	of Business	2a. Mailing Add	Iress			4. FEI Number		Applied For	
11		26				59-3088107		Not Applicable	
Suite, Apt. #, e	tc.	Suite, Apt.	#, etc.		,	5. Certificate of Status Desired		. 75 Additional ee Required	
City & State City & State						.00 May Be			
Zip 4	Country 25	Zip 29	30	intry		This corporation owes the current year in Personal Property Tax.	ntangible	_	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
TORTOR	ia, Kenneth S			81	Name				
4123 AMBER RD VALRICO FL 33595			82	82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
				84	City	F	L 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.

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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		13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12				
TITLE	•] DELETE	1.1 TrTLE		Change	Addition				
NAME	Tortora, Kenneth S		1.2 NAME							
STREET ADDRESS	4123 AMBER RD		1.3 STREET ADDRESS							
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZiP							
TITLE	VPT_	DELETE	2.1 TITLE		☐ Change	Addition				
NAME	BRYAN, DAWN	İ	2.2 NAME							
STREET ADDRESS	4123 AMBER RD		2.3 STREET ADDRESS							
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP							
TITLE	S .	DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME	TORTORA, ELIZABETH		3.2 NAME							
STREET ADDRESS	36 MAPLE ST		3.3 STREET ADDRESS							
CITY-ST-ZIP	KEARNY NJ 07032		3.4. CITY-ST-ZIP			_]				
TITLE		DELETE	4.1 TITLE		Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS	•		4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		☐ Chaпge	☐ Addition				
NAME		1	5.2 NAME			l				
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME			,				
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			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:

IRECTOR KANNUTh S. TONTONA 4-27-99 813-684-7689