FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)S81282 FAST EDDY'S LAWN SERVICES, INC. Principal Place of Business Mailing Address 2210 KNIGHT ROAD 2210 KNIGHT ROAD LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3094182 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes ☐ No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CETRANGOLO, EDWARD M. 2210 KNIGHT ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAND O' LAKES FL 34639 63 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-noffice or registered agent, or both, in the State of Florida. Such change was authorized by leaders. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. statement for the purpose of changing its registered hereby accept the appointment as registered SIGNATURE DATE 12. OFFICERS AND DIRECTORS ANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE 1 1 TITLE CETRANGOLO, EDWARD M NAME 1.2 NAME 2210 KNIGHT ROAD STREET ADDRESS 1.3 STREET ADDRESS LAND O'LAKES FL CITY-ST-ZIP 14 CiTY - ST - 7IP DELETE Addition Change TITLE 2.1 TITLE CETRANGOLO, EDWARD M NAME 2.2 NAME 2210 KNIGHT ROAD STREET ADDRESS 23 STREET ADDRESS LAND O' LAKES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE NAME 4. 2 NAME

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 ennual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em 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 or an attachment with a matter. EDWARD M.

62 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City-\$1-7/P

5.1 TITLE

5.2 NAME

DELETE

DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CRY-ST-ZIP

TITLE

NAME

CETRANGOLD

313-294-9992

Change

Change

Addition

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