


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90152 015 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S95911

1. Corporation Name
SEBASTIAN'S TROPICAL LAWN MAINTENANCE, INC.



Principal Place of Business 2 SERVICE LANE OCEAN REEF CLUB NORTH KEY LARGO FL 33037-3751	Mailing Address 2 SERVICE LANE OCEAN REEF CLUB NORTH KEY LARGO FL 33037-3751
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1991

2. Principal Place of Business 21 11649 164TH CT N Suite, Apt. #, etc. 22	2a. Mailing Address 26 11649 164TH CT N Suite, Apt. #, etc. 27
City & State 23 JUPITER, FL Zip Country 24 33478 USA	City & State 28 JUPITER FL Zip Country 29 33478 USA

4. FEI Number
65-0296857

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

9. Name and Address of Current Registered Agent

PEARSON, MARYELLEN
912 S. JADE DR.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11649 164TH CT N

83

84 City **JUPITER** FL 85 Zip Code **33478**

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 Maryellen Pearson (NOTE: Registered Agent signature required when reinstating) DATE **4-27-99**

12. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> DELETE
NAME	PEARSON, MARYELLEN
STREET ADDRESS	2 SERVICE LANE, OCEAN REEF CLUB
CITY-ST-ZIP	NORTH KEY LARGO FL 33037-3751
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11649 164TH CT N
1.4 CITY-ST-ZIP	JUPITER, FL 33478
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Maryellen Pearson SIGNATURE REQUIRED DATE **4-27-99** (561)575-7193

CR2E034 (11/98)