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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

V02308

(7)

R & R LAWN MAINTENANCE AND LANDSCAPING, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10510 NIXON RD 10510 NIXON RD TAMPA FL 33624 **TAMPA FL 33624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1991 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 26 59-3109720 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Regulred 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Zip Country Zιο Yes ☐ No Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 HOWARD, DANIEL L. 10510 NIXON RD Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33624** 83 85 Zip Code City 84 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, typica or protect harm of registered agost and title it applicable (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 11 TITLE TITLE 12 NAME HOWARD, DANIEL L. NAME **10510 NIXON RD** 13 STREET ADDRESS STREET ADDRESS TAMPA FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 THLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 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 in changed, or on an attachment with an address.