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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V17132

STREET ADDRESS

CITY-ST-ZIP

n Name				<b>\</b>		
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e of Business	Mailing Address			<u> </u>	l Bibil Dibil Bibil	01011 01011 1001
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PLANT CITY FL 33565 PLANT CITY FL 33565						
	US		,		IS SPACE	
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lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
	<u> </u>			65-0322381	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Andrew Control - 1 of Control		s Certificate of Status Desired	•	Additional
	27					
te	City & State			6. Election Campaign Financing Trust Fund Contribution		-
Country	Zip	_	ry	1 **		
25		30				□No
9. Name and Address of Curre	ent Registered Agent		d Name	10. Name and Address of New Registere	d Agent	·
KINS MIKE		"	Name			
		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
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		L	,		11 <del></del>	
		8	4 City	F	L  85   Zip '	Code
to the provisions of Sections 607.05	OR and COZ 1500 Florido Statuto	s the abo	ve-named co	rporation submits this statement for the purpose	of changing its	registered
to the provisions of Sections our to	UZ and but. 1000, Florida Statute:	s, are abc	ve-named co			
registered agent, or both, in the State	e of Florida. Such change was au	thonzed b	y the corpora	tion's board of directors. I hereby accept the app	ointment as re	gistered
registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	thonzed b	y the corpora	tion's board of directors. I hereby accept the app	ointment as re	gistered
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	e of Business HEIGHTS L 33565  Place of Business #, etc.  Country 25 9, Name and Address of Curre KINS, MIKE OAKLAND HEIGHTS NT CITY FL 33565	e of Business  HEIGHTS Jasses  Halling Address PO BOX 3088 PLANT CITY FL 33565 US  Place of Business  Place of Business Place of Business  Place of Business	ENKINS LAWN SERVICE, INC.  e of Business  HEIGHTS  Jay Box 3088  PLANT CITY FL 33565  Bace of Business  Lace of Business	ENKINS LAWN SERVICE, INC.  e of Business  HEIGHTS  JOHN STATE OF BOX 3088 PLANT CITY FL 33565  Base of Business  Tace of Business  2a. Mailing Address 2b.  Lace of Business  2a. Mailing Address 2b.  Lace of Business  2a. Mailing Address 2b.  Lace of Business  2b.  Lace of Business  2c.  Lace of Business  2a. Mailing Address 2b.  Lace of Business  2b.  Lace of Business  2c.  Lace of Business  2c.  Lace of Business  2d.  Lace of Business  2a. Mailing Address  2b.  Lace of Business  2c.  Lace of Business  2c.  Lace of Business  2d.  Lace of Busines	e of Business	e of Business  HEIGHTS PO BOX 3068 L 33565 PLANT CITY FL 33565 US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 02/27/1992  4. FEI Number 65-0322381  #, etc. Sulte, Apt. #, etc. 27  E City & State City & State 28  Country ZIP Country ZIP Country ZIP Country SIP Country B. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  KINS, MIKE OAKLAND HEIGHTS NT CITY FL 33565  Mailing Address DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed 02/27/1992  4. FEI Number 65-0322381 No. Service of Status Desired No. No. No. No. Service of Status Desired No. No. Service of Status Desired No.

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.

6.4 CITY-ST-ZIP

SIGNATURE: