

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

0452794

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90254 002 ***150.00

DOCUMENT # **V18577**

1. Corporation Name
BMS LAWN CARE, INC.



Principal Place of Business
**3850 HICPOCHEE BLVD
MOORE HAVEN FL 33471
US**

Mailing Address
**P. O. BOX 1858
LABELLE FL 33975
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1992

4. FEI Number

65-0316708

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**HICPOCHEE BLVD.
HENDRY ILES
MOORE HAVEN FL 33471**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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.

SIGNATURE *Michelle Bennett*
Signature, typed or printed name of registered agent and title if applicable.

V. Pres.

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **STVP** ☐ DELETE
NAME **BENNETT, MICHELLE**
STREET ADDRESS **P.O. BOX 2122 WINCHESTER AVENUE**
CITY-ST-ZIP **LABELLE FL**

TITLE **P** ☐ DELETE
NAME **SMITH, B.J.**
STREET ADDRESS **P.O. BOX 2829/3850 HICPOCHEE BLVD.**
CITY-ST-ZIP **LABELLE FL**

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE
NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **(VP)** ☒ Change ☐ Addition
1.2 NAME **Michelle Bennett**
1.3 STREET ADDRESS **P.O. Box 2122 Winchester Ave.**
1.4 CITY-ST-ZIP **LaBelle FL 33975**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS ☐ Change ☐ Addition
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Kenneth O. Bennett**
3.3 STREET ADDRESS **P.O. Box 2122 Winchester Ave**
3.4 CITY-ST-ZIP **LaBelle FL 33975 (Treasurer)**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **(Secretary) Richard Byrd**
4.3 STREET ADDRESS **P.O. Box 2829**
4.4 CITY-ST-ZIP **LaBelle FL 33975**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michelle Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

(941)983-0477

Daytime Phone #

CR2E034 (11/98)