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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # V21283**

THE LAWNSMITH, INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90231 006 \*\*\*150.00



Principal Place of Business Mailing Address									
1114 KINGFISH PL 1114 KINGFISH PL									
APOLLO BEACH		APOLLO BEACH FL 33572							
					DO NOT WRITE IN THIS SPACE				1
					3. Date Incorporated or Qualifed 03/13/1992				
2. Principal Pl	ace of Business	2a. Mailing Address 26 OBOX 3014			4. FEI Number		A	oplied For	
21 349 6	apollo Bon. Bluz 8001				00 0 10 10			ot Applicable	Į
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired	<del></del>		Additional —	==
22 Apollo Beh. EL. 801		27		Fee Required				Į	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				l	
23 Apono BEACH FL.		28 Apollo Beach, FL		Trust Fund Contribution			to Fees	₹	
Zip `	Country	zip 33572 30	Country		8. This corporation owes the curre		ngible Yes	□No	
335			<u> </u>		Personal Property Tax.				┨.
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Ro	iñiateien v	gent		1
CRE	ASON, CHERYL A.		"	- Tallio					
	7TH AVE NE	•	82 Street Addre		ess (P.O. Box Number is Not Acceptat	ole)			
RUSKIN FL 33570					<u> </u>				
			84	City			85 Zip	Code	1
				·		FL	<u>                                     </u>		4
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autho	orized by 1	-named corpo he corporatio	oration submits this statement for the p n's board of directors. I hereby accept	the appoin	tment as r	egistered	
SIGNATURE						DATE			۱.
****	Signature, typed or printed name of registered agent			signature required	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12	l â
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERO ANI	Change	Addition	1
TITLE	.=	_ petere	1.2 NAME				_ ,	_	-
NAME	SMITH, GREGORY D.			ADDDECC	00 Box 3614				8
STREET ADDRESS	1114 KINGFISH PL	<del>-</del> `	1.3 STREET	1 /	Localo Beach FL	. 335	7		5
CITY-ST-ZIP	APOLLO BEACH FL DVS	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP /	ipono ecaci		Change	Addition	2
TITLE			2.2 NAME _						L
_NAME	_SMITH, LINDA:C. 1114 KINGFISH PL		2.3 STREET		0 COX 3614				·
STREET ADDRESS				1 4	mollo Danch Fl	. 335	572-		
CITY-ST-ZIP	APOLLO BEACH FL	☐ DELETE	2. 4 CITY-S' 3.1 TITLE	1-2117	901-9001		Change	☐ Addition	1
TITLE	•		3.2 NAME				_ •	•	
NAME			3.3 STREET	ANNRESS					
STREET ADDRESS			3.4. CITY-S						Ì
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	- LIF			Change	Addition	1
TITLE NAME			4. 2 NAME					_	
			4.3 STREET	ADDECC					
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	-LIF			Change	Addition	1
		_ J	5.2 NAME		•		•	<del></del>	1
NAME			5.3 STREET	ADDRESS					
STREET ADDRESS			5.4 CITY-ST						
CITY-ST-ZIP		□ DELETE	6.1 TITLE				☐ Change	Addition	1
TITLE			6.2 NAME						
NAME			O'T IAAMC	1					1
STREET ADDRESS			6.3 STREET	ADDDESS					{

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 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any oddress, with all other like empowered.

SIGNATURE:

813-645-8764