PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V26296

1. Corporation Name

SUNCOAST LAWN SERVICE OF CHARLOTTE COUNTY, INC

* *************************************	
6220 SOUTH ORANGE BLOSSOM	TRA
AUTE 101	

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90081 040 ***150.00



Principal Place	e of Business	Mailing Address						
SUITE 194	RANGE BLOSSOM TRAIL	476 BLARNEY ST. PORT CHARLOTTE FL 33954			DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32809					3. Date Incorporated or Qualifed			
					03/31/1992			
2. Principal P	lace of Business	2a. Mailing Address					plied For	
21		26			65-0435603	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional	
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	9	City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added to	o Fees	1
Zip	Country	Zip	Country		8. This corporation owes the current year			1
24	. 25	29 30	0		Personal Property Tax.	<u>T.</u>	□No	l
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registere	d Agent		l
DAD	CO CARROLL C CR	•	81	Name				1
BARCO, CARROLL S., SR 6220 SOUTH ORANGE BLOSSOM TRAIL				Street Add	ress (P.O. Box Number is Not Acceptable)			
	E 194	i .	83					l
UHL	ANO FL 32809		84	City		. 85 Zip C	ode	1
				•	F	L		1
office or r	egistered agent or both in the S	7 0502 and 607.1508, Florida Statutes, State of Florida. Such change was authobligations of, Section 607.0505, Florid	nonzea by t	-named corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the apple.	or changing its pointment as rec	gistered	
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (NOTE: Re	`	signature require	ad when reinstating) DATE		=0.111.40	0
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	Addition	1/98
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	7
NAME	HICKS, KENNEH D.		1.2 NAME					F034
STREET ADDRESS	476 BLANERY ST.		1.3 STREET					H.
CITY-ST-ZIP	PT CHARLOTTE FL		1.4 CITY-ST	-ZIP		☐ Change	Addition	۳ ا
TITLE		☐ DELETE	2.1 TITLE			Change		
NAME			2.2 NAME					l
STREET ADDRESS	TADDICES.		2.3 STREET	1				
CITY-ST-ZIP	FIREIT		2.4 CITY-ST	T-ZIP		Change	Addition	1
TITLE	_		3.1 TITLE			crisinge		
NAME			3.2 NAME					1
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		Closusts	3.4. CITY-ST-ZIP			☐ Change	Addition	1
TITLE			4.1 TITLE			Gridings		ĺ
NAME			4. 2 NAME					İ
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP			4.4 CITY-ST 5.1 TITLE	-ZIP /		☐ Change	Addition	
TITLE		L) DELETE	5.1 MUE 5.2 NAME			5a.ige		
NAME			5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY-ST		•			
CITY-ST-ZIP		[] DELETE	6.1 TITLE	-4F		☐ Change	Addition	
TITLE		C) DELETE	6.2 NAME					
NAME			6.3 STREET	ADDRESS				\
STREET ADDRESS	i i		V.U. U. 1. 144E					1

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.