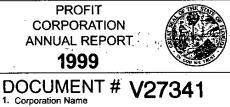
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999

Principal Place of Business

J & M LAWN CARE, INCORPORATED



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90023 036 \*\*\*150.00

M8 CORVETTE AVE SEBRING FL 33872 SSUS US 818 CORVETTE AVE SEBRING FL 33872 US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/03/1992				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	T Ap	plied For	١,	
7		26					65-0324499	<u> </u>	t Applicable		
Suite, Apt.	#, etc:	Suite, Apt. #, etc.					·	\$8.75	Additional		
2		27					5. Certificate of Status Desired Fee Required				
City & Stat	te .	City & State					6. Election Campaign Financing \$5.00 May Be				
3	*	28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country				This corporation owes the current year Intangible					
4	25	29	30	30			Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Current	Registered Agent	. »	1	r	1	0. Name and Address of New Registered Ag	ent			
DO!	ILCON MADIODIC			81	Name		s.a.				
2 % 818	ILSON, MARJORIE CORVETTE AVE				Street A	Address (P.O. Box Number is Not Acceptable)					
OţO	OOMETTE AVE								100 0 100 0		
SED	RING FL 33872	•		83			· · · · · · · · · · · · · · · · · · ·	据:生			
		٠.		84	City		The state of the s	35 Zip (	Code	ı	
ya consumer		the office of the second					<u> </u>				
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu Florida, Such change was a	tes, the a	bove bv	e-named c	corporat	ion submits this statement for the purpose of cha	anging its ent as re	registered aistered		
் agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Stat	utes			board of directors. I hereby accept the appointment				
SIGNATURE											
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E: Registered	l Agen	it signature rec	equired whe	ADDITIONS/CHANGES TO OFFICERS AND I	DECTO	PS IN 12	Í	
TILE	PST OFFICERS AND	DELETE	1.1 11	TI E				Change	Addition	1	
IAME	POULSON, MARJORIE	, , 🚨	1.2 N				33-0071960 P	<b>,</b>			
STREET ADDRESS	818 CORVETTE AVE		1.3 STREET ADDR		ADDRESS					8	
	SEBRING FL									5	
XTY-ST-ZIP TILE	V DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	] Change	Addition	6		
IAME	POULSON, JERRY		2.2 N/				•		_		
TREET ADDRESS	818 CORVETTE AVE				ADDRESS						
OTY-ST-ZIP	SEBRING FL			ITY-S		•					
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IAME			6.2 N/	AME.			• •			ĺ	
TREET ADDRESS		•	6.3 \$1	REET	ADDRESS			-			
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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.