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

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

04-23-1999 90015 049 ***150.00

DOCUMENT # V30739 1. Corporation Name CREATIVE LAWN MAINTENANCE INC.					() 2 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	ılı Bibli Alâi) Dibli Giği	f e r a nt a taut 1887
Principal Place of Business Mailing Address						il dibil dibil bigil dibil	i Biati alak taal
2045 EVENTIDE AVENUE JACKSONVILLE FL 32259 US		2045 EVENTIDE AVENUE JACKSONVILLE FL 32259 US		DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualifed 04/20/1992		į
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3117432		lot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	I to Fees
Zip ──	Country	Zip	Country		8. This corporation owes the current		□No
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Regis	Yes Agent	
	9. Name and Address of Current	Registered Agent	81	Name	TO. Rame and Address of New Roga	stered Agent	
MCPHEE, PAUL EDWARD						<u> </u>	
-2840 MANDARIN MEADOWS DR.S.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	ı	1
JACI	KSONVILLE FL-32223-	, . .	83				
7 2	645 Eventide Q	νε					
Ω	ucksonville, FR.	22259	84	City		FL 85 Zip	Code
office or ti	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	orized by th	named corporation	oration submits this statement for the purpor's board of directors. I hereby accept the	oose of changing it e appointment as r	s registered egistered
SIGNATURE							
	Signature, typed or printed name of registered agent			ignature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	OPE IN 12
12.	OFFICERS ANI	D DIRECTORS	13. 1,1 T/TLE	<u> </u>	ADDITIONS/CHANGES TO OFFICE	[Change	
TITLE	_	D peccie	12 NAME			۔ و۔۔۔۔۔۔	3
NAME	MCPHEE, PAUL EDWARD 13039 FLYING SQUIRREL CT			DODECC			1
STREET ADDRESS	HUDSON FL		1.3 STREET A	l			ļ
CITY-ST-ZIP	D TUDOUN FL	DELETE	1.4 C/TY-ST-2 2.1 TITLE	ZIP		Change	Addition
TITLE	MCPHEE, MICHELLE LYNN	bccc12	2.2 NAME				
NAME	13039 FLYING SQUIRREL CT		2.3 STREET A	OBBESS			
STREET ADDRESS	HUDSON FL		2.4 CITY-ST-				1
CITY-ST-ZIP	TIODOOITE	☐ DELETE	3.1 TITLE	<u> </u>		☐ Change	Addition
NAME :			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DORESS			1
CITY-ST-ZIP			3.4. CITY-ST-	1]
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		į	4. 2 NAME				
STREET ADDRESS	•		4.3 STREET A	DORESS			
CITY-ST-ZIP			4.4 C/TY-ST-2	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	}			Ì
STREET ADDRESS		•	5.3 STREET AL	DDRESS			
CITY+\$T-ZIP			5.4 CITY-ST-2	ZIP			
IIILE		☐ DELETE	6.1 TITLE	~		Change	Addition
NAME		i	6.2 NAME				İ
STREET ADDRESS		•	6.3 STREET A	DDRESS			}

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4- 20- 99 Date 287-7637 Daytime Phone # CR2F034 (11/98