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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am Secretary of State

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ROBERTOP DAWSON (V.P.) 1-3/-98 S6/-627-0379
ICER OR DIRECTOR Destine Phone #

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OOCUMEN	T# \	V35321	ı

1. Corporation Name

DAWSON LAWN SERVICE, INC.

rincipal Place of Busi	ness	Mailing Address			1	•		
4798 TWISTED TREE T		14798 TWISTED TREE T						
ALM BCH. GARDENS FL 33418		PALM BOIL GARDENO	PALM BCH. GARDENS FL 33418		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or 0 05/08/1992	Qualifed		
Data de al Dissa of E	lusingg	2a. Mailing Address			4. FEI Number		App	olied For
. Principal Place of B	ousiness	26			65-0334042		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 -			\$8.75 A	dditional
Juike, Apr. #, etc.		27			5. Certifcate of Status De	esired 🗆	Fee Re	quired
City & State		City & State			6. Election Campaign Fit	nancing	\$5.00	May Be
1		28			Trust Fund Contribute	on 🗀	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes	s the current year		t
]	25	29	30		Personal Property Tax			No
9, N	ame and Address of Current	Registered Agent			10. Name and Address	of New Register	ed Agent	
				81 Name				
DAWSON, I	robert p. Sted tree trail			82 Street A	ddress (P.O. Box Number is No	t Acceptable)		
	. GARDENS FL 33418			83				
				84 City		F	85 Zip C	Code
	revisions of Sections 607 0502	and 607-1508 Florida Sta	stutes, the a	bove-named.c	corporation submits this stateme	nt for the purpose	of changing its	registered
1. Pursuant to the p				i by the como	ration's board of directors. I here	eby accept the ap	ipointment as re	gisterea
	ar with, and accept the obligati	ions of, Section 607.0505,	Florida Stat	utes.	T			
office or registere agent. I am famili	ar with, and accept the obligati	ions of, Section 607.0505,	Florida Stat	utes.	1			
office or registere agent. I am familia	ar with, and accept the obligati	ions of, Section our coos,	I Johan Glac	u.c.s.	quired when reinstating)	DATE		
office or registere agent. I am famili IGNATURE Signature	ar with, and accept the obligati	t and title if applicable. (N	I Johan Glac	u.c.s.	<u> </u>	DATE	AND DIRECTO	PRS IN 12
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