

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # V35693 (3)

1. Corporation Name

JOHN PALMER LAWN CARE, INC.

Principal Place of Business:

2401 CIRCLE DRIVE
LAKELAND FL 33803

Mailing Address:

2401 CIRCLE DRIVE
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. g. Name and Address of Current Registered Agent

KEITH, W C
L.G.S. ACCOUNTING
1517 COMMERCIAL PARK DRIVE
LAKELAND FL 33801

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

59-3118126

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE ☐ DELETE

NAME
PALMER, JOHN E.
STREET ADDRESS
2401 CIRCLE DRIVE
CITY, ST, ZIP
LAKELAND FL 33803

12. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

15. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

16. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

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-06/02/98--01016--047
***150.00

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.

SIGNATURE:

4/28/98

CR2EC34 (10/97)