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

PROFIT Feb 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V44743 (5)C & J LAWN MOWING, INC. Principal Place of Business Mailing Address 4509 CASAURINA RD 4509 CASAURINA RD. LADY LAKE FL 32159 LADY LAKE FL 32159 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3129906 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name **CONSTANCE S WELLS** 4509 CASAURINA RD Street Address (P.O. Box Number is Not Acceptable) LADY LAKE FL 32159 63 84 City 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. istered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE 88 WELLS, CONSTANCE S. 1.2 NAME NAME 4509 CONSTANCE RD 1.3 STREET ADDRESS STREET ACCRESS LADY LAKE FL 1.4 City - ST - Z/P CITY-ST-ZIP Change Addition DELETE TITLE 21 TITLE WELLS, JOHN S. 22 NAME NAME 4509 CASAURINA RD 2.3 STREET ADDRESS STREET ADDRESS LADY LAKE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition ... Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-2IP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADORESS

6.4 CITY-ST-ZIP

14. Thereby 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 is rule 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.

12 To Kulilla

CITY-ST-2IP

**FILED** 

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