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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V52011

1. Corporation Name

Principal Place of Business

B & M LAWN SERVICE, INC.

1636 COCOANUT ROAD JACKSONVILLE FL 32224		1636 COCOANUT ROAD JACKSONVILLE FL 32224		"DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 07/20/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3136997		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	.,	27			5. Certifcate of Status Desired	Fee	Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		<b>0</b> May Be d to Fees
Zip	Country 25	Zip	Country	у	This corporation owes the current year Interpretation Property Tax.	☐ Yes	MNo
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			81	Name			
MILLER, BRENDA 1636 COCOANUT ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
JACI	KSONVILLE FL 32224		83	3			
			84	City	FL	85 Zi	p Code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	tnonzea ov	/ tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing ntment as	registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	ent signature requir	red when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	DVS	☐ DELETE	1.1 TITLE			Chang	e
NAME	MILLER, BRENDA		1.2 NAME				
STREET ADDRESS	1636 COCOANUT ROAD		13 STREE	ET ADDRESS			
1	JACKSONVILLE FL 32224		1.4 CITY-				
CITY-ST-ZIP TITLE	†	☐ DELETE	2.1 TITLE	5)- <u>L</u> n		Chang	e
1	MILLER, BRENDA		2.2 NAME				
NAME	1636 COCOANUT ROAD		1	ET ADDRESS			
STREET ADDRESS				Ì			
CITY-ST-ZIP	JACKSONVILLE FL 32224	DELETE	2.4 CITY-	SI-ZIP		Chang	e Addition
TITLE	T		3.1 TITLE				
NAME	MILLER, PAUL		3 2 NAME				
STREET ADDRESS	1636 COCOANUT ROAD			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32224		3.4. CITY-	ST-ZIP		Chang	e Addition
TITLE		☐ DELETE	4.1 TITLE			L3 Chang	e Nonnou
NAME			4. 2 NAME	!			
STREET ADDRESS			4.3 STRE	ET ADDRESS	and the second of the second o		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			54 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

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.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90062 041 \*\*\*150.00