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

DOCUMENT # V60394

1. Corporation Name

DEW RITE LAWN SYSTEMS, INC.

Principal Place of Business
CAROLANE HOWELL BOAD

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90106 027 ***150.00



Principal Place	of Business	Mailing Add	ress					
5118 LAKE HOW	VELL ROAD		OWELL ROAD					
WINTER PARK F	FL 32792	WINTER PAR	K FL 32792			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed	OI ACE	
						, , , , , , , , , , , , , , , , , , ,		
		T 2 11 11		-		08/27/1992 4. FEI Number		Applied For
2. Principal Pl	ace of Business	2a. Mailing /	Address					Applied For Not Applicable
21		26		-		59-3139920		
Suite; Apt. #, etc.		- - -	Suite, Apta#; etc.			5. Certificate of Status Desired		5.Additional . Required
22		27						
City & State		City & S	City & State			6. Election Campaign Financing		May Be
23			28			Trust Fund Contribution		d to Fees
Zip				Country		8. This corporation owes the current year Int		XNo
24	25 29 30		<u> </u>		Personal Property Tax.	Yes	A (NO	
	9. Name and Address of Currer	nt Registered Ag	ent			10. Name and Address of New Registered	Agent	
OUA	nice o gueen			81	Name			1
	RLES R. BUSCH			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	LK. HOWELL RD						_	
WINT	ER PARK FL 32792			83				1
				84	City		85 Z	ip Code
				04	City	FL	. " -	,,
11. Pursuant i	to the provisions of Sections 607.050	02 and 607.1508,	Florida Statutes,	the above	e-named co	orporation submits this statement for the purpose of	changing	its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such (change was autho	orized by	the corpora	ation's board of directors. I hereby accept the appoi	ntment as	registered
	Ti lamiliar with, and accept the bonga	allons of, Section	301.0303, Fibrida	Otatatos	•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Red	nistered Ager	nt signature reg	uired when reinstating) DATE		}
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIREC	TORS IN 12
TITLE	PD		DELETE	1.1 TITLE			Chang	
NAME	BUSCH, C R			1.2 NAME				
	5118 LAKE HOWELL RD			l	T ADDRESS			
STREET ADDRESS	WINTER PARK FL 32792							
CITY-ST-ZIP	MINIEN LYUN LE 25125		DELETE	1.4 CITY-S	1-21		Chang	e Addition
TITLE		'	OLLETE					
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET				
CITY-ST-ZIP				2.4 CITY-5	ST-ZIP -		☐ Chang	ge ["] Addition
TITLE			☐ DELETE	3.1 TITLE			□ Chan	ge LJ Addidon
NAME				3.2 NAME	Ì			}
STREET ADDRESS				3.3 STREE	TADDRESS			Í
CITY-ST-ZIP			*****	3.4. CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE	Ì		Chang	ge 🗌 Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET	TADORESS			1
CITY-ST-ZIP				4.4 CITY-S	т-ZI <u>Р</u>			
TITLE			DELETE	5.1 TITLE			☐ Chang	ge
NAME	•			5.2 NAME	-			ļ
STREET ADDRESS				5.3 STREE	TADDRESS)
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			ļ
TITLE		-	☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
				6.2 NAME	1			.]
NAME					TADDRESS			ļ
STREET ADDRESS	•							ĺ
CITY-ST-ZIP				6.4 CITY-S	1-2112			i

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:

CHARLESK