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

DOCUMENT # 1. Corporation Name

(0)

R. J. & R. LAWN CARE, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					-	I BEBEL BINGE DININ DININ ALBEE NININ INDI
4611 8 UNIVERSITY DR		4611 S UNIVERSITY OR	4611 S UNIVERSITY OR			
BOX 209		BOX 209		•	DO NOT WRITE	IN THIS SOACE
DAVIE FL 33328		UAVIE FL 33328 US	DAVIE FL 33328		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
💞		33			09/25/1992	· ·
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Subs And # our		26		65-0358951	Not Applicable	
F Suite, Apr. W. etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional	
22		27		C. Commodic of States Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	p Country Z _I		Country		Trust Fund Contribution 8. This corporation owes or has pai	
24	25	29 30			Personal Property Tax due June	
	9. Name and Address of Curr		1 7		10. Name and Address of New Re	
EG.	AN, ROBERT W. JR.		81 N	lame		
501		82 5	treet Addre	ess (P.O. Box Number is Not Acceptab	le)	
COOPER CITY FL 33328						
ĺ			83			
			84 (City		85 Zip Code
						FL S ZIP COGS
11. Pursuant i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statutes, ite of Florida. Such change was aut	the above-na horized by th	amed corpo e corporatio	oration submits this statement for the poor's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
l agentla	m familiar with, and accept the obl	igations of, Section 607.0505, Floric	da Statutes.			• •
SIGNATURE	Signature typed or printed name of registered.	mont and tile if applicable INOTE B	logistered Agent s	ionalure requirer	d when reinstating)	DATE
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAME			·
STREET ADDRESS	5807 HOOD ST		1.3 STREET ADD	DRESS		Į.
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY - ST - ZIP			
TITLE	ST EGAN POPERT	☐ DELETE	2.1 TITLE			Change Addition 9
NAME	EGAN, ROBERT 140 SW 97 TERR		2.2 NAME			
STREET ADDRESS	DELEGOVE DIVICE EL		2.3 STREET ADD			
CITY-ST-ZIP TITLE			2. 4 CITY - ST - Z 3.1 TITLE	ZIP		Change Addition
NAME		3.2 N				
STREET ADDRESS			3.3 STREET ADD	DRESS		
City-St-ZIP			3.4. CITY-ST-2			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADD	DRESS		
CITY-ST-ZWP			4.4 CITY-ST-Z	IP .		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD			
CITY-ST-ZIP TITLE	1972 hande and 1974 h	☐ DELETE	5.4 CITY-ST-ZI 6.1 TITLE	ir		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	DRESS		
CITY-ST-ZIP			6.4 CITY-ST-Z			

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 suppliemental 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.