

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

FILED

May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

K31934
Country Bill's Lawn Maintenance, Inc.

Principal Place of Business

Mailing Address

43363 NE 16 Avenue
North Miami, FL 33161

3. Date Incorporated or Qualified

8-26-88

3a. Date of Last Report

4. FEI Number

65-0074417

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21. Sure Act #, etc.

26. Sure Act #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John Allred Sr.
13363 NE 16 Avenue
North Miami, FL 33161

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 the face, cable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
NAME: John Allred, Sr.
STREET ADDRESS: 13363 NE 16 Avenue
CITY-STATE-ZIP: North Miami, FL 33161

TITLE: VICE PRESIDENT
NAME: John Allred, Jr.
STREET ADDRESS: 13363 NE 16 Avenue
CITY-STATE-ZIP: North Miami, FL 33161

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

TITLE: ☐ DELETE
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TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

11. TITLE: ☐ Change ☐ Addition
12. NAME: ☐ Change ☐ Addition
13. STREET ADDRESS: ☐ Change ☐ Addition
14. CITY-STATE-ZIP: ☐ Change ☐ Addition

21. TITLE: ☐ Change ☐ Addition
22. NAME: ☐ Change ☐ Addition
23. STREET ADDRESS: ☐ Change ☐ Addition
24. CITY-STATE-ZIP: ☐ Change ☐ Addition

31. TITLE: ☐ Change ☐ Addition
32. NAME: ☐ Change ☐ Addition
33. STREET ADDRESS: ☐ Change ☐ Addition
34. CITY-STATE-ZIP: ☐ Change ☐ Addition

41. TITLE: ☐ Change ☐ Addition
42. NAME: ☐ Change ☐ Addition
43. STREET ADDRESS: ☐ Change ☐ Addition
44. CITY-STATE-ZIP: ☐ Change ☐ Addition

51. TITLE: ☐ Change ☐ Addition
52. NAME: ☐ Change ☐ Addition
53. STREET ADDRESS: ☐ Change ☐ Addition
54. CITY-STATE-ZIP: ☐ Change ☐ Addition

61. TITLE: ☐ Change ☐ Addition
62. NAME: ☐ Change ☐ Addition
63. STREET ADDRESS: ☐ Change ☐ Addition
64. CITY-STATE-ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not duplicate the information stated in Section 119.07(3)(c), 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 sole proprietor 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Allred

5/1/98

Date

Daytime Phone #

CR2E034 (9/96)