Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90275 042 ***150.00

PROFIT. **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # K31934

1. Corporation Name

COUNTRY BILL'S LAWN MAINTENANCE, INC.							
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Principal Place	of Business	Mailing Address			1 (44) (4) (4) (4) (4) (4) (4) (4) (4) (4	1811 91811 81811 81	9)(0 (0)) (00)
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NORTH MIAMI FL 33161 NORTH MIAMI FL 33161					DO NOT WRITE IN THIS	SDACE	
US		US			3. Date Incorporated or Qualifed	OI NOL	
					08/29/1988		ĺ
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26		en en g	65-0074417	~ · · · ·	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	
22 27				5. Certificate of Status Desired	Fee Rec		
City & State City & State				6. Election Campaign Financing	\$5.00 N	/lay Be	
23 28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year into		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
ALLE	DED JOHN CD			81 Name			
	RED, JOHN SR		İ	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
13363 N.E. 16 AVE NORTH MIAMI FL 33161			83				
11011							
				84 City FL 85 Zip Code			ebc
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the ab	ove-named corpo	pration submits this statement for the purpose of	changing its r	egistered
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was a lons of, Section 607,0505, Flor	uthorized rida Statu	by the corporation	n's board of directors. I hereby accept the appoin	ilment as reg	stered
SIGNATURE		,					
SIGNATORE	Signature, typed or printed name of registered agent			Agent signature required			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TIT			☐ Change	Addition
NAME .	ALLRED, JOHN SR		1.2 NA		•		
STREET ADDRESS	13363 N.E. 16 AVE.			REET ADDRESS	•		
CITY-ST-ZIP	NORTH MIAMI FL 33161	O ps str		Y-ST-ZIP			
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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 enpowered 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 attackment with an advicess with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP