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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000002883

1. Corporation Name
PELTON'S LANDSCAPING SERVICE, INC.



Principal Place of Business
 P O BOX 560912
 MIAMI FL 33256-0912

Mailing Address
 P O BOX 560912
 MIAMI FL 33256-0912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/30/1992	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0368619	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DONALD W PELTON III 11440 SW 93RD ST MIAMI FL 33176		81 Name Donald W. Pelton III			
		82 Street Address (P.O. Box Number is Not Acceptable) 8300 SW 116 TERR			
		83			
		84 City Miami FL 85 Zip Code 33156			
11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 <i>[Signature]</i>					DATE 1-19-99
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

9. Name and Address of Current Registered Agent
DONALD W PELTON III
~~11440 SW 93RD ST~~
~~MIAMI FL 33176~~

10. Name and Address of New Registered Agent
 81 Name **Donald W. Pelton III**
 82 Street Address (P.O. Box Number is Not Acceptable)
8300 SW 116 TERR
 83
 84 City **Miami** FL 85 Zip Code **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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]* DATE 1-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELTON, DONALD W. I	1.2 NAME	PELTON, Donald W. III
STREET ADDRESS	11205 SW 93RD ST.	1.3 STREET ADDRESS	8300 S.W 116 TERR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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.

SIGNATURE: *[Signature]* Date: 1-19-99 Daytime Phone #

CR2E034 (11/98)