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 # P92000009854 (0)

TOP GUN LANDSCAPE SERVICES, INC.

Principal Place of Business Mailing Address 1408 CHESSAPEAKE DRIVE 1408 CHESSAPEAKE DRIVE ODESSA FL 33556 ODESSA FL 33556 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified

FILED Mar 05 1998 8:00am Secretary of State



					12/03/1992	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				59-3152089	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the curr	ent ear Intangible
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent
BERNARD, EDWARD 1408 CHESSAPEAKE DRIVE ODESSA FL 33556				Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
			L			
			١	14 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	tes the abo	l ove-named		changing its registered
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.						
agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Closettes treads		10 Decision 1			·
12.	Signature, typod or printed name of registered ager OFFICERS AND		13.	Agont signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	0	DELETE 1.11				Change Addition
NAME	-		1.2 NAM		•	change Addition
				-		
STREET ADDRESS				ET ADDRESS		i
CITY-ST-ZIP				-ST-ZIP		
TITLE	D TIMES THE THE TABLE	□ DEFFIE	2.1 TITL		_	Change Addition
NAME	BERNARD, THERESA L		2.2 NAM	Ε .		
STREET ADDRESS	1408 CHESSAPEAKE DR		2.3 STRE	ET ADDRESS	•	Ì
CITY-ST-ZIP	ODESSA FL 33556			r-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		L	Change
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELET e	4.1 TITLE			Change Addition
NAME			4. 2 NAN	IE.		
STREET ADDRESS			4.3 STRE	ET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM		_	
STREET ADDRESS				ET ADDRESS		į
CITY-ST-ZIP						
TITLE		DELETE	5.4 CITY 6.1 TITLE			Change Addition
NAME					'	Touriste T Votation
			6.2 NAM	i		
STREET ADDRESS				et address		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

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