Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90161 010 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019476

MIKE'S	LANDSCAPE MAINTENANG	CE, INC.							
Principal Plac	ce of Business	Mailing Address				<u> </u>	I ob ili boloi	 	
7765 19ST AVE									
						DO NOT WRIT	E IN THIS	SPACE	
				3. Date Incorporated or Qualifed 03/10/1993					
Principal Place of Business 2a. Mailing Address						4. FEI Number		A	plied For
21 26						65-0395558		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		,	Additional equired
City & Sta	ate — — — — —	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		intry		8. This corporation owes the curre	nt year Int		-d
24	25	29	30			Personal Property Tax.		∐Yes	ØNo ·
	9. Name and Address of Curre	int Registered Agent		81	Name	10. Name and Address of New Re	egistered .	Agent	
BRIC	CE, ROBERT M				- Tame				
	5 19ST AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
VERO BEACH FL 32967				83					
					City			85 Zip	Code
							FL		
office or agent. I a	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	.02 and 607.1508, Florida St e of Florida. Such change w pations of, Section 607.0505.	tatutes, the al as authorized , Florida Statu	bove-i l by th utes.	named corpo ne corporatio	pration submits this statement for the p n's board of directors. I hereby accept	the appoi	changing its ntment as re	registered gistered
SIGNATURE	<u> </u>								
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (f	NOTE: Registered	Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE LOCIDE AN	D DIDECTO	OC IN 12
TITLE	D	DELETE		пЕ		ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
NAME	BRICE, ROBERT M		1.2 NA						
STREET ADDRESS	7705 04 415				DDRESS				
CITY-ST-ZIP	VERO BEACH FL 32967			TY-ST-2					
TITLE	D	☐ DELETE			aP .			☐ Change	☐ Addition
NAME	BRICE, JANE L		2.2 NA						_
STREET ADDRESS	7705 04 41/5		1		DORESS				
CITY-ST-ZIP	VERO BEACH FL 32967			TY-ST-					
TITLE		DELETE						- Change	Addition
NAME			3.2 NA	ME	Ì				
STREET ADDRESS	5		3.3 ST	REET AL	DDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-2	ZIP				
TITLE		☐ DELETE						☐ Change	☐ Addition
NAME			4. 2 NA	AME					
STREET ADDRESS	B		4.3 ST	REETAL	DORESS				
CITY-ST-ZIP			4.4 CIT	ry-st-z	ŽIP				
TITLE		☐ DELETE	5.1 TIT	LE				☐ Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS	5		5.3 STI	REET AL	DDRESS				
CITY-ST-ZIP				Y-ST-Z	IP .	· · · · · · · · · · · · · · · · · · ·			<u> </u>
TITLE	1 -	☐ DELETE						☐ Change	Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REET AL	DDRESS				
CITY-ST-ZIP	1		6.4 CIT	Y-ST-Z	JP				

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:

CITY-ST-ZIP

(561) 589-0875