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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000025777

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90095 023 \*\*\*150.00

PREMIER	R LAWNSCAPES, INC.					;				
Principal Plac	e of Business	Mailing Ad	dress				( (25)(25) (10 (6)62 (10) 62)			
10368 BELMONT STAKES CT 10368 BELMONT STAKES CT JACKSONVILLE FL 32257 JACKSONVILLE FL 32257				CT			DO NOT WR	ITE IN THIS	SPACE	
	•					}	3. Date Incorporated or Qualifec			_
						1	04/07/1993			
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number			Applied For
21	1000 0. 000000	26					59-3176626			Not Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & Stat	te .	City &	State				6. Election Campaign Financing		\$5.0	May Be
23	جميد وياشديناها يجاريك	28	<b>20</b> J			• • •	Trust Fund Contribution	~ D		d to Fees
Zip	Country	Zip		Count			8. This corporation owes the cui	rent year Inta	angible	\/
24	25	29		30		Ì	Personal Property Tax.	•	ŬYes	Nο
	9. Name and Address of Curre		gent	1			10. Name and Address of New	Registered /	Agent	
			***************************************	- 8	11 Name			-		
	TO, KELLY M				32 Street	Addross	s (P.O. Box Number is Not Accep	tahla)		
	88 BELMONT STAKES CT				ou eet	Vog162	5 (F.O. DOX NUMBER 15 NOT ACCEP	abio <sub>j</sub>		
JAC	ksonville fl 32257			ξ	13					
				Ļ					] or [ 7:	p Code
				15	4 City			FL	85   Zi	p Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, e of Florida. Such ations of, Section	, Florida Statuti change was a 607.0505, Flo	es, the about uthorized to rida Statut	ove-named by the corp es.	corpora oration's	ation submits this statement for the s board of directors. I hereby acce	a nurnaca of	changing ntment as	its registered registered
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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 truetee 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:

SQUIRED NG OFFICER OR DIRECTOR