Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90155 036 ***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 # P93000041229

1. Corporation Name

FWANAC I	LANDSCAPE MAINTENANC	E, INC				
Principal Place	e of Business	Mailing Address		L MARLIANE THE SOURS WHIT SOUR SOUR CONTRACT	iditi difiti mala itala tidia	1817 1881
14835 49TH ST N 1466 LACONIA DR						
CLEARWATER FL 22762 CLEARWATER FL 33764						
υs Us			DO NOT WRITE IN T	HIS SPACE		
				3. Date Incorporated or Qualifed		
				05/28/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied	
21		26		59-3200465	Not Ap	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additi Fee Require	
22		27		<u> </u>		
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Added to Fe	
23	Country	28 Zip	Country	Trust Fund Contribution		5 3
Zip	Country	Zip	30	This corporation owes the current year Personal Property Tax.	Tillangible ☐ Yes ☐ N	lo
24	9. Name and Address of Currer		<u> </u>	10. Name and Address of New Register		
	5. Maine and Address of Currer	it Kegisterea Agont	81 Name		<u> </u>	
LAVI	NE, CHRISTINE A			ID O. D		
1466 LACONIA DR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
CLEA	ARWATER FL 34624		83			
					as Zin Code	
			84 City		FL 85 Zip Code	•
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of changing its regis	stered
office or n	egistered agent, or both, in the State	of Florida, Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the ap	ppointment as registe	rea
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.			
agent. I a	m familiar with, and accept the obliga	mons of, Section 607.0303, Flori	ua Statutes.			
agent. I a	m familiar with, and accept the obligation of the state of segment of the state of	nt and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DAT		
agent. I all SIGNATURE	m familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN	mons of, Section 607.0303, Flori	ua Statutes.		S AND DIRECTORS I	
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agent signature required	d when reinstating) DAT	S AND DIRECTORS I	 IN 12
agent. I all SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D LAVINE, CHRISTINE A	nt and title if applicable. (NOTE: F	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	d when reinstating) DAT	S AND DIRECTORS I	 IN 12
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agent. Fai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D LAVINE, CHRISTINE A	nt and title if applicable. (NOTE: F	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	d when reinstating) DAT	S AND DIRECTORS I	 IN 12
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agent. Fail SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D LAVINE, CHRISTINE A 1466 LACONIA DR	mt and title if applicable. (NOTE: F ND DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	d when reinstating) DAT	S AND DIRECTORS I	N 12 Addition
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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 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.

6.4 CITY- ST-ZIP

SIGNATURE: