

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069991 (3)
1. Corporation Name
MID FLORIDA LANDSCAPING, INC.



Principal Place of Business: **4747 WEST WATERS AVENUE, UNIT 1207 TAMPA FL 33614**
Mailing Address: **4747 WEST WATERS AVENUE, UNIT 1207 TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/22/1996**

4. FEI Number: **59-3395062**

2. Principal Place of Business: **21 12411 Tarpon Springs Rd**
22 Suite, Apt. #, etc.
23 City & State: **Odessa FL**
24 Zip: **33556** 25 Country

2a. Mailing Address: **26 12411 Tarpon Springs Rd**
27 Suite, Apt. #, etc.
28 City & State: **Odessa FL**
29 Zip: **33556** 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **PAGE, RAYMOND O
4747 W. WATERS AVE
APT. 901
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEREWENKO, JAMES M	1.2 NAME	← same
STREET ADDRESS	4747 WEST WATERS AVENUE, UNIT 1207	1.3 STREET ADDRESS	12411 Tarpon Springs Rd
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP	Odessa FL, 33556
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE, RAYMOND O	2.2 NAME	← same
STREET ADDRESS	4747 WEST WATERS AVENUE, UNIT 1207	2.3 STREET ADDRESS	12411 Tarpon Springs Rd
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	Odessa FL, 33556
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNSON, KATHY R	3.2 NAME	← same
STREET ADDRESS	4747 WEST WATERS AVENUE, UNIT 1207	3.3 STREET ADDRESS	12411 Tarpon Springs Rd
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP	Odessa FL, 33556
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.

SIGNATURE:  Kathy R. Munson 4-27-98 (213) 970-1180

CR2E034 (10/97)