Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90141 047 \*\*\*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 # P97000086134

1. Corporation Name

SEVEN GARDENS LANDSCAPE CO

SEAFIA (	SAUDEIAS FAIADSOVLE	. 00.			
Dain air at Dina	f D!	Marilian Address	_		
Principal Place	*	Mailing Address			
820 NW 10TH A		P.O. BOX 13957			
GAINESVILLE FL 32604 US			DO NOT WRITE IN T	HIS SPACE	
		30		3. Date Incorporated or Qualifed	
				10/01/1997	
2. Principal P	lace of Business	2a. Mailing Address	=	4. FEI Number	Applied For
<b>⊢</b> ⊣ '	ide of Eddiness	26 .		59-3471978	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	_	_	\$8.75 Additional
<b>—</b>	recovers remove as we	27		5. Certificate of Status Desired	Fee Required
City & Stat	<u>-</u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes WNo
[24]	9. Name and Address of C		1301	10. Name and Address of New Register	
	o. Hand and Addition of	The state of the s	81 Name		
GRE	enough, steven				
820 NW 10TH AVE			' 82 Stree	t Address (P.O. Box Number is Not Acceptable)	
	IESVILLE FL 32601		83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al					
11. Pursuant	to the provisions of Sections 60	l7.0502 and 607.1508, Florida Statut State of Florida, Such change was a	es, the above-named	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	pointment as registered
agent. I a	m familiar with and accept the	obligations of, Section 607.0505, Flo	rida Statutes.	X X	,
SIGNATURE	Den g	eero		4/2/49	<u>T</u>
	Signature, typed or printed name of register		: Registered Agent signature		AND DIDECTORS IN 42
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PD	☐ DELETE	1.1 TITLE		
NAME	Greenough, Steven		1.2 NAME	-	
STREET ADDRESS	820 NW 10TH AVENUE		1.3 STREET ADDRESS	s	
CITY-ST-ZIP	GAINESVILLE FL 32601		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	`		2.3 STREET ADDRESS	s	į
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		· .
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS	s	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	<u> </u>	Change Addition
NAME .					
	· ·		4.2 NAME		
PERCET ADODESS	·		4.2 NAME	8	
STREET ADDRESS			4.3 STREET ADDRESS	s	
CITY-ST-ZIP	-		4.3 STREET ADDRESS	s	☐ Change ☐ Addition
CITY-ST-ZIP		[] DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	s	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS