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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000017854**

1. Corporation Name

RELIABLE GARDENING SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O M. SMOLARCZYK
 1862 TWIN LAKES DRIVE
 GOTHA FL 34734

Mailing Address

C/O M. SMOLARCZYK
 1862 TWIN LAKES DRIVE
 GOTHA FL 34734

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

59-3492349

Applied For

Not Applicable

2. Principal Place of Business

1525 PICARDY CIRCLE

2a. Mailing Address

1525 PICARDY CIRCLE

Suite, Apt. #, etc.

NIA

Suite, Apt. #, etc.

NIA

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33755

Country

USA

Zip

33755

Country

USA

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 the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SMOLARCZYK, MONIKA M
1862 TWIN LAKES DRIVE
GOTHA FL 34734

10. Name and Address of New Registered Agent

81 Name

NIA

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **SMOLARCZYK, MONIKA M**
 STREET ADDRESS **1862 TWIN LAKES DRIVE**
 CITY-ST-ZIP **GOTHA FL 34734**

TITLE **D** DELETE
 NAME **NEVITT, PAUL G**
 STREET ADDRESS **1862 TWIN LAKES DRIVE**
 CITY-ST-ZIP **GOTHA FL 34734**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **1525 PICARDY CIRCLE**
 1.4 CITY-ST-ZIP **CLEARWATER FL 33755**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **1525 PICARDY CIRCLE**
 2.4 CITY-ST-ZIP **CLEARWATER FL 33755**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Monika M. Smolarczyk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MONIKA M. SMOLARCZYK 4/20/99 446-1597

CR2E034 (1/198)