

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

FILED

Apr 16 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 # **V25936** (8)

1. Corporation Name
PERSICA LAWN & LANDSCAPING CO., INC.

Principal Place of Business
**2433 MILL CREEK LANE
TALLAHASSEE FL 32308
US**

Mailing Address
**PO BOX 13462
TALLAHASSEE FL 32317
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1992

4. FEI Number

59-3114984

Applied For
☐ Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**KARIMPOUR, GHOLAM REZA
5804 MAIZE CT
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name **KARIMPOUR GHOLAM REZA**

82 Street Address (P.O., Box Number is Not Acceptable)
1348 Conservancy DR E.

83

84 City **TALLAHASSEE** FL 85 Zip Code **32312**

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 *Gholam Reza Karimpour*
Signature, typed or printed name of registered agent, and title if applicable

Gholam Reza Karimpour
(NOTE: Registered Agent signature required when reinstating)

4/18/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KARIMPOUR, GHOLAM REZA**
STREET ADDRESS **2433 MILL CREEK CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **D KARIMPOUR, MASOUD**
STREET ADDRESS **2433 MILL CREEK CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **D MOGHADDAM, ASHRAF K**
STREET ADDRESS **2433 MILL CREEK CT**
CITY-ST-ZIP **TALLAHASSEE FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE: *Gholam Reza Karimpour* **GHOLAM REZA KARIMPOUR** **4/18/98** **422,000.00** **(850)**

CR2E034 (10/97)