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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 188707

1. Corporation Name

ROOD LANDSCAPE CO., INC.

Principal Place	e of Business	Mailing Address					***************************************			2,5,, 0,5,, 0,5,,	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>
4546 COUNTY	LINE ROAD	PO BOX 3768				ŀ					
P.O. BOX 3768		TEQUESTA FL 33469-776	8				DC	O NOT WRI	TE IN TH	S SPACE	
TEOUESTA FL 33469-7768 US					3 D	ate Incorporated				-	
						1	0/29/1955				
2 Principal P	Place of Business	2a. Mailing Address					El Number			A	pplied For
21		26				5	9-0754733			<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								\$8.75	Additional
22		27				5. C	ertifcate of Status	Desired		Fee Re	equired
City & Stat	te	City & State				6. EI	lection Campaign	Financing		\$5.00	May Be
23		28				Tr	rust Fund Contrib	ution		Added	to Fees
Zip	Country	Zip	Cou	ntry		8. TI	his corporation ov	wes the curr	rent year Ir		_
24	25	29	30				ersonal Property			<b>⊿</b> Yes	□No
	9. Name and Address of Currer	nt Registered Agent		- T		10. N	ame and Addres	ss of New F	Registered	d Agent	
200	35 50V 6			81	Name						
	DD,ROY S	4500		82	Street Add	dress (P.O	. Box Number is	Not Accepta	able)		
	SHELTER LANE - P.O. DRAWER	1 1568					·				
JUPI	ITER FL 33458			83		•		•			
				84	City					85 Zip	Code
			i		•				FI		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the at	pove-r	named cor	poration s	ubmits this stater	ment for the	purpose o	of changing its	registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorized	ov tn	named corne corporati	poration s tion's boar	ubmits this stater d of directors. I h	ment for the ereby accep	purpose o	of changing its	registered gistered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	autnorized Iorida Statu	oy tn ites.	ne corporati	uon s boar	a or airectors. I n	ment for the ereby accep	purpose o pt the appo	of changing its	registered egistered
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office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, lyped or printed name of registered age OFFICERS AN	of Florida. Such change was attions of, Section 607.0505, Funt and title if applicable.  (NO ID DIRECTORS	autnorized lorida Statu TE: Registered	oy thi	ne corporati	red when reins	a or airectors. I n	ereby accep	purpose opt the appo	of changing its continuent as re	DRS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the obligation of registered age of the obligation of the obligation of registered age of the obligation	of Florida. Such change was ations of, Section 607.0505, Funt and title if applicable. (NO	authorized lorida Statu TE: Registered 13.	Agent si	ne corporati	red when reins	a of directors. I n	ereby accep	purpose opt the appo	of changing its continent as re	
Office or ragent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State im familiar with, and accept the obligation of the state of of the sta	of Florida. Such change was attions of, Section 607.0505, Funt and title if applicable.  (NO ID DIRECTORS	TE: Registered 13. 1.1 TH	Agent si	ignature requir	red when reins	a of directors. I n	ereby accep	purpose opt the appo	of changing its continuent as re	DRS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the obligated Signature, typed or printed name of registered agents of PD ROOD, ROY S 208 SHELTER LANE	of Florida. Such change was attions of, Section 607.0505, Funt and title if applicable.  (NO ID DIRECTORS	TE: Registered  13.  1.1 TT  1.2 NA  1.3 ST	Agent si	ne corporati	red when reins	a of directors. I n	ereby accep	purpose opt the appo	of changing its continuent as re	DRS IN 12
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office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State in familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the	of Florida. Such change was alions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE DELETE	authorized lorida Statu TE: Registered 13. 1.1 HT 1.2 NA 1.3 ST 1.4 CП 2.1 III 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 III 4.2 NA 4.3 ST 4.4 CП	Agent si  Agent si  LE  ME  REET AL  LE  ME  REET AL  LY-ST-Z  LE  ME  REET AL  LY-ST-Z  LE  ME  REET AL  REET AL  REET AL  REET AL  REET AL	DDRESS ZIP  DORESS ZIP  DORESS ZIP	red when reins AD	ENBURS	ALBER	purpose of the appoint the app	of changing its ointment as re	DRS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State in familiar with, and accept the obligation of printed name of registered agents. OFFICERS AN PD ROOD, ROY S 208 SHELTER LANE JUPITER FL D ROOD, PATRICIA M 208 SHELTER LANE JUPITER FL D WHITESELL, THOMAS C 257 GOLFVIEW DRIVE TEQUESTA FL CEO CLATTENBURG, ALBERT 8934 SE BOBO ST	of Florida. Such change was altions of, Section 607.0505, Fint and title if applicable. (NO ID DIRECTORS DELETE DELETE	authorized lorida Statu TE: Registered 13. 1.1 HT 1.2 NA 1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST 3.4 CC 4.1 TH 4.2 NA 4.3 ST	Agent si  Agent si  LE  ME  REET AL  LE  ME  REET AL  TY-ST-Z  LE  ME  REET AL  TY-ST-Z  LE  ME  REET AL  REET AL  REET AL	DDRESS ZIP  DORESS ZIP  DORESS ZIP	red when reins AD	ENBURG	ALBER	purpose of the appoint the app	of changing its cintment as research.  ND DIRECTO Change  Change	DRS IN 12 Addition Addition
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14. 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 of 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 attraction with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF

7 JAN 99

(561) 746-5186