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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90028 005 \*\*\*150.00

)	UMENT # 23439 SONVILLE LANDSCAPE CO	=		) (20)(6 (1520 NIN 21500 NIN 21500	<b>D</b> JS(1 <b>C</b> (S)) 24000 av	<b>8</b> 14 <b>8</b> 4 <b>8</b> 14 <b>8</b> 1811 1
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JACKSONVILLE FL 32210		4040 RICKER RD		1		
		JACKSONVILLE FL 32210				
				DO NOT WRITE IN	THIS SPACE	
<u> </u>				3. Date Incorporated or Qualifed		
1 1	Place of Business	2a. Mailing Address		03/16/1960 4. FEI Number		
Suite A	pt. #, etc.	26		59-0897554	<b>⊢</b> →	Applied For
22	pt. #, etc.	Suite, Apt. #, etc.				Not Applicable
City & St	late	27		5. Certifcate of Status Desired	₽0./:	5 Additional Required
23	·	City & State				
Ζiρ	Country	28		Trust Fund Contribution	<b>U.CÇ.</b> abbA	0-May-Be d to Fees
24	25	29	Country	8. This corporation owes the current year	r Intangible	d to rees
	9. Name and Address of Curre	ent Registered Agent	30	Personal Property Tax.	F₹Yes	□No
1.03		- Biotoroa Agent	81 Name	10. Name and Address of New Register	red Agent	
LO	TT, DALE W		Name			<del></del>
993	2 BEAUCLERC TERRACE		82 Street A	Address (P.O. Box Number is Not Acceptable)	<u> </u>	
JAU	CKSONVILLE FL 32217		83			
			63			
			<del>                                    </del>			
			84 City		Ta=7 =:	
11. Pursuant office or agent. I	化抗性性 微性医阴茎 经未成分提出 计工厂	The Property of the Training	es, the above-named c uthorized by the corpor rida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the approximation is a statement for the purpose ration's board of directors.	of changing its pointment as re	Code s registered egistered
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	The Property of the Training	es, the above-named c uthorized by the corpor rida Statutes.	uired when reinstating)	of changing it	s registered egistered
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	The Property of the Training	es, the above-named c uthorized by the corpor rida Statutes.	Sale 1 Service of the	of changing it pointment as re	s registered egistered DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN P LOTT, DALE W	ent and title if applicable. (NOTE:	es, the above-named c uthorized by the corpor rida Statutes.  Registered Agent signature req	uired when reinstating)	of changing it	s registered egistered
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE:

904-772-1227