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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

	MENT # 319034 DAVIS LANDSCAPING, SAI		<u>,</u>		OJAN BURN HADI BILIN AJAN JARI
Principal Place of Business		Mailing Address		- האשונים ושונים בעובות לעובים עוופים המשוא העובות אינונטשיו ב	DIBNI DIBNI DIBNI DIBNI DIBNI TODI
2223 VISCOUNT ROW ORLANDO FL 32809		2223 VISCOUNT ROW ORLANDO FL 32809		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		07/19/1967 4. FEI Number	Applied For
21	HOO OF EXEMPOON	26		59-1171447	Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Register	red Agent
222	VIS, JERALD A 23 VISCOUNT ROW LANDO FL 32809			dress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
SIGNATURE	rn ramiliar with, and accept the only. Styleative, typied or printed recent or registered are	et and tale if applicable (NOTE	Registered Agent signature requ		ΙE
12.	OFFICERS AN	DIDIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	DAVIS, JERALD A	Otto	1 2 NAME		CT change CT vegetell
STREET ADDRESS	1317 SPRING LAKE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		•
TITLE	STD	DELETE	21 TITLE		Change Addition
NAME	DAVIS, CHRISTOPHER		2.2 NAME		
STREET ADDRESS	3915 HARGILL		23 STREFT ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 117LE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3 3 STREFT ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELÊTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE I		ריין הנינונ	5.1 Tale		∟ снапус ∟ J Autrition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		İ
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition

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 upder eath; that I am an officer or director of the corporation or the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or by an article of the corporation or the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed.

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Feb 18 1998 8:00am

Secretary of State