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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90183 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **465484**

1. Corporation Name  
**SCHULZ LANDSCAPE SERVICE, INC.**



Principal Place of Business

9101 HOLMBERG RD  
 PARKLAND FL 33067  
 US

Mailing Address

9101 HOLMBERG RD  
 PARKLAND FL 33067  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1974

4. FEI Number  
**59-1565261**

Applied For  
 Not Applicable

2. Principal Place of Business

21  
**SCHULZ LANDSCAPE SERVICE**  
 9101 Ranches Road  
 (Formerly Holmberg Road)  
 Parkland, Florida 33067

2a. Mailing Address

26  
 Si  
**SCHULZ LANDSCAPE SERVICE**  
 9101 Ranches Road  
 (Formerly Holmberg Road)  
 Parkland, Florida 33067  
 Ci

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**WECK, JAMES A.**  
 3045 N. FEDERAL HWY NO.7  
 FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

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  DELETE

**P**  
 NAME **SCHULZ, JOHN**  
 STREET ADDRESS **9101 HOLMBERG RD**  
 CITY-ST-ZIP **PARKLAND FL**

TITLE  DELETE

**S**  
 NAME **SCHULZ, ELIZABETH**  
 STREET ADDRESS **9101 HOLMBERG RD**  
 CITY-ST-ZIP **PARKLAND FL**

TITLE  DELETE

**T**  
 NAME **SCHULZ, KATY**  
 STREET ADDRESS **9101 HOLMBERG RD**  
 CITY-ST-ZIP **PARKLAND 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)