:OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90011 037 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

)OCUMENT # 505659
Corporation Name
T. A. ALTMAN LANDSCAPING, INC.

Principal Place of Business	Mailing Address
PALMER RD TE H IAN HARBOUR BEACH FL 32937	PO BOX 360911 MELBOURNE FL 32936 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/22/1976	
	26	4. FEI Number: 59-1768744	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
	28		
Zip / Country (25)	Zip (29) / Country (30)	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

ALTMAN, T. A.
10 PALMER RD
SUITE H
INDIAN HARBOUR BEACH FL 32937

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

1. 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.

IGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	ALTMAN, T. A.		1.2 NAME	
REET ADDRESS	1515 N WICKHAM RD		1.3 STREET ADDRESS	
TY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	
TLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	ALTMAN, ALEX B.		2.2 NAME	
REET ADDRESS	1225 N HWY A1A		2.3 STREET ADDRESS	
TY-ST-ZIP	INDIATLANTIC BEACH FL 32903		2.4 CITY-ST-ZIP	
TLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	ALTMAN, ROBERTA		3.2 NAME	
REET ADDRESS	1515 N WICKHAM RD		3.3 STREET ADDRESS	
TY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	
TLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME	ALTMAN, ROBERTA		4.2 NAME	
REET ADDRESS	1515 N WICKHAM RD		4.3 STREET ADDRESS	
TY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	
TLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
TY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

4. 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: Theresa Altman SIGNATURE REQUIRED 7-6-99 407-773-2000