FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 653868

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BILL'S LANDSCAPING, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I INDUSE ORIGI DITOR STATE INTER DELICI SOLI GENER DIGIL GENER DINES GENER DINES	
14448 OLIVER ST. 14448 OLIVER ST. LARGO FL 34644					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
		1 2 12 13			01/29/1980
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
<u> </u>		26 Suite Ant # etc	Suite, Apt. #, etc.		59-1973149 Not Applicable
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	—		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country			a. This corporation owes or has paid the current year Intangible
24	25	29	30	,	Personal Property Tax due June 30. Yes No
p. Name and Address of Current Registered Agent			1001		10. Name and Address of New Registered Agent
TU	OMA, FLORENCE M.		8	1 Name	
14428 OLIVER ST. LARGO FL 33542			ä	2 Street Add	dress (P.O. Box Number is Not Acceptable)
			8		
ı			Ľ		85 Zip Code
			•	4 City	FL 85 Zip Code
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 re-netating). DATE					
40	Signature, typed or printed name of registered a	gent and title if applicable (NOT ND DIRECTORS		geni signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	THOMA, FREDERIK P		1.2 NAM		
STREET ADDRESS	8018 SMOKETREE CT.			ET ADDRESS	
CITY-ST-ZIP	LARGO FL		1.4 CITY		
TITLE	STD	DELETE	2.1 1111		☐ Change ☐ Addition
NAME	THOMA, FLORENCE M.		2.2 NAM		
STREET ADDRESS	14448 OLIVER ST.			ET ADDRESS	
CITY-ST-ZIP	LARGO FL		2. 4 CITY		•• **
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LASCH, CARL		3.2 NAM		
STREET ADDRESS	8026 SMOKETREE CT.			ET ADDRESS	
CITY-ST-ZIP	LARGO FL		3.4. CITY	-ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAN	IE .	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CiTY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL	. — —	Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5 3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	
TITLE		DELETE	61 TITLI		Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STRE	ET ADORESS	
CITY - ST - ZIP			6.4 CITY	- ST - ZIP	

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.

4-18-98 813 595 7539