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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secreta y of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90187 021 \*\*\*150.00

## DOCUMENT # F14756 1. Corporat on Name

GEORGE HUNT LANDSCAPE MATERIALS, INC.

Principal Place of Business	e of Business Malling Address		f ambiend fille fildet minte indebt mitte mett mente minte minte minte minte innte		
·	*				
110 MCMULLIEN BOOTH RD S	POB 4837				
CLEARWATER FL 33759	CLEARWATER FL 33758		DO NOT WRITE IN THIS SPACE		
US	US		3. Date Incorporated or Qualifed		
		,	01/13/1981		ľ
2. Principal Place of Business	2a. Mailing Address	<del> </del>	4. FEI Number	Α	ppl ed For
21 3404 ENTERPRISE Rd. E.	26 P.O. BOX 1	4837	65-0039353	I N	lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1001		\$8.75	Additional
22	27		5. Certificate of Status Desired Fee Required		
City & State	City & State		6. Electior Campaign Financing	ectior Campaign Financing S5.00 May Be	
23 SAFETY HARBOR, FL	28 Clear water FL		Trust Fund Contribution	Added to Fees	
Zip Country	Zip Country		8. This co poration owes the current year h	ntangible	
24 34695 25 115A	29 33758 30		Personal Property Tax.	☐ Yes	[]No
9. Name and Address of Current	<u>~~~~~~~</u> ~		10. Name and Address of New Registerer	l Agent	
		81 Name			
HUNT, GEORGE A., III			(D.O. Boy Niverbasia National Association)		
SECOLOGIA HONE HON	. PINE CIR.	82 Street Addres	ss (P.O. Box Number is Not Acceptable)		
Belle	air, FL 33756	83			
		84 City	Fi	_   85   Zip	Cc de
11. Pursuant to the provisions of Sections 607.0502	and 607,1508, Florida Statutes, the	above-named co-poi	ration submits this statement for the purpose of	f changing it	s registered
office or registered agent, or both, in the State or 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.					
SIGNATUR E	AND THE STATE OF T	ered Agent signature required v	when reinstating) DATE		
Signature, typed or printed nar ie of registered agent  2 OFFICERS AND		3.	ADDITIC NS/CHANGES TO OFFICERS /	ND DIRECT	ORS IN 12
TITLE PD		1 TITLE	ADDITIONO/OFFICION	Change	
LUNE OFOROT A III	<del>_</del>	2 NAME		_ ,	
MARCHINES UILL	\ \( \tau_{\tau} \)	3 STREET ADDRESS			
CITY-ST-ZIP - GLEANWING TO THE		4 CITY-ST-ZIP		☐ Change	Addition
		1 TITLE			,
NAME		2 NAMÉ			
STREET ADDRESS	2.3	3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP		F71.01	
TITLE	☐ DELETE 3.1	1 TITLE		Change	Addition
NAME	3.2	2 NAME			
STREET ADDRESS	3.3	3 STREET ADDRESS			
CITY-ST-ZIP	3.4	4. CITY-ST-ZIP			
TITLE	☐ DELETE 4.1	1 TITLE		☐ Change	Addition
NAME	4.	2 NAME			
STREET ADDRE()S	43	3 STREET ADDRESS			}
CITY-ST-ZIP	4.4	4 CITY-ST-ZIP			
TITLE		1 TITLE		Change	☐ Addition
NAME	5.2	2 NAME			
STREET ADDRE 3S	53	3 STREET ADDRESS			
	5.4	4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		1 TITLE		☐ Change	Addition
	E3 OFFEIT	2 NAME			
NAME	1	3 STREET ADDRESS			
STREET ADDRE 3S		1			
CITY-ST-ZIP	6.4	4 CITY-ST-ZIP	# 440 07/0\f\\ = 1	11E 11 11 11 11 11	

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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an antiachment with an address, with all other like empowered.

SIGNATURE: