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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F21074

EARTH CARE LANDSCAPING INC.

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90067 026 \*\*\*150.00



Suite   April   Applied   Country   Applied   Applied   Applied   Applied   Applied   Applied   Applied		·	Mailing	Address						
2. Principal Piace of Business	OLOLDE RIVER TRIA		1801 OL	1801 OLDE RIVER TRAIL CHULUOTA FL 32766						
2. Principal Place of Business   2a Mailing Address   3. FEI Number   59-2071046   50-2071046			US							
2. Principal Plage of Business			•				02/25/1981		Anntine	L Eor
Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	iling Address						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   27	2. Principal Place of	f Business	· <del>  -</del>	· <del>  - 1</del>			<u>59-2071046</u>	VE207 1040		
City & State  Country  Lity Co	Suite, Apt. #, etc.	<u> </u>	Sui	Suite, Apt. #, etc.			5. Certificate of Status Desired			
28   Country   Zip   Country   Zip   Gountry   Zip	2		Cit				6. Election Campaign manager 1			
Zip Country 2p	7				Country		8. This corporation owes th	e current year Ir	ntangible	.,_
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 agent, or both, the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE  Signature. Types or protect name of registered agent are dire if agents and the registered agent and the registered agent. In the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the purpose of changing its register after agents. In the purpose of changing its register after agents. In the purpose of changing its register agent. In the purpose of changing its register after agents. In the purpose of changing its register agent. In		Country	<b>⊢</b> ¬ '				Domonal Property Tax.		☐ ies ☐	NO
9. Name and Address of Current Registered Agent  CONWAY, HERBERT E 1801 OLDE RIVER TRAIL CHULUOTA FL 32766  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 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, and familier with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. NAME OFFICERS AND DIRECTORS IN 1.3 STREET ADDRESS  13. STREET ADDRESS  13. TITLE  P CONWAY, HERBERT E' 13. STREET ADDRESS  13. TITLE  12. NAME 13. STREET ADDRESS  13. TITLE  12. NAME 13. STREET ADDRESS  14. CITY-ST-ZP  CONWAY, LINDA D 25. STREET ADDRESS  CITY-ST-ZP  CHULUOTA FL  13. STREET ADDRESS  CITY-ST-ZP  10. DELETE  14. TITLE  13. TITLE  13. TITLE  14. TITLE  15. TITLE	¬ '	25	29		<u>-</u>		10. Name and Address of	New Registered	Agent	
11. Pursuant to the provisions of Sections 697,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, 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, or and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3. TITLE  CONWAY, HERBERT E  STREET ADDRESS  IN OLDE RIVER TR.  1.4 CITY-ST-2P  CHULUOTA FL  DELETE  1.5 TITLE  VST  CONWAY, LINDA D  2.2 STREET ADDRESS  STREET ADDRESS  1.6 CITY-ST-2P  CHULUOTA FL  DELETE  3.3 TITLE  3.3 TITLE  Change  A CITY-ST-2P  CHULUOTA FL  DELETE  3.4 CITY-ST-2P  CHULUOTA FL  DELETE  3.5 TITLE  3.5 TITLE  Change  A CITY-ST-2P  CHANGE  CONWAY, LINDA D  Change  A CITY-ST-2P  CHULUOTA FL  DELETE  3.5 TITLE  4.1 TITLE  ANAME  4.3 STREET ADDRESS  CITY-ST-2P  TITLE  NAME  4.3 STREET ADDRESS  4.4 CITY-ST-2P  CHANGE  CHANGE  TITLE  NAME  4.5 TITLE  3.5 TITLE  Change  Change  Change  Change  Change  TITLE  NAME  3.5 STREET ADDRESS  4.4 CITY-ST-2P  Change  Change  Change  TITLE  NAME  3.5 STREET ADDRESS  4.5 STREET ADDRESS  5.5 STREET ADDRESS	9.	Name and Address of Curr	rent Register	ed Agent	81	Name	<del></del>			
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 register of signal arm familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. STREET ADDRESS  14. CITY-ST-2P  CHULUOTA FL  OST  CONWAY, HERBERT E'  13. STREET ADDRESS  14. CITY-ST-2P  CONWAY, LINDA D  22. STREET ADDRESS  1501 OLDE RIVER TR.  CONWAY, LINDA D  23. STREET ADDRESS  1501 OLDE RIVER TR.  24. CITY-ST-2P  CHULUOTA FL  DELETE  33. STREET ADDRESS  34. CITY-ST-2P  CHULUOTA FL  DELETE  33. STREET ADDRESS  34. CITY-ST-2P  CHULUOTA FL  CONWAY, LINDA D  33. STREET ADDRESS  34. CITY-ST-2P  CHULUOTA FL  DELETE  33. STREET ADDRESS  34. CITY-ST-2P  CHULUOTA FL  DELETE  33. STREET ADDRESS  34. CITY-ST-2P  CHULUOTA FL  Change  CON-ST-2P  TITLE  NAME  STREET ADDRESS  34. CITY-ST-2P  DELETE  35. STREET ADDRESS  34. CITY-ST-2P  Change  Change  CHANGE  STREET ADDRESS  35. STREET ADDRESS  36. STREET ADDRESS  36. STREET ADDRESS  36. STREET ADDRESS	CONWAY	, Herbert e	•		82	Street Addr	ess (P.O. Box Number is Not A	Acceptable)	- 41 414	
CHULUOTA FL 32766  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, threa above-named corporation submits this statement for the purpose of changing its register 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 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 registered agent, or both, in the State of Florida, Statutes.  SIGNATURE  Signature, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinsating).  DATE  12. OFFICERS AND DIRECTORS IN 1.1 In IL III.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 In IL III.  14. NAME  13. STREET ADDRESS IN 1.2 In IL III.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3 IN IL III.  14. NAME  13. STREET ADDRESS IN 1.4 IN IL III.  14. NAME  14. City 5T. 2P  15. CHULUOTA FL  15. CHUL	1801 OLDE RIVER TRAIL		•	,			——————————————————————————————————————			
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 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, and accept the obligations of, section 607 0505, Florida Statutes.    Signature   Si	CHULUO	TA FL 32766			183			<u> </u>	les   Zin Cor	ie -
SIGNATURE  Signature, typed or printed name of registred agent and 6th if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE  P	<b>5</b> -		٠.		84	City	72 17 184 1	F	1   ì	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Frontal Outcomes agent. I am familiar with, and accept the obligations of, Section 607.0505, Frontal Outcomes signature. Typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE P					1_	L	the this statement	for the purpose	of changing its re	gistered
TITLE P NAME CONWAY, HERBERT E' STREET ADDRESS 1801 OLDE RIVER TR.  CITY-ST-ZIP CHULUOTA FL  INAME CONWAY, LINDA D STREET ADDRESS 1801 OLDE RIVER TR.  CITY-ST-ZIP CHULUOTA FL  ITILE  NAME CONWAY, LINDA D STREET ADDRESS CITY-ST-ZIP  CHULUOTA FL  ITILE  NAME 33 STREET ADDRESS 34. CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  DELETE  1.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  DELETE  5.1 TITLE  NAME  5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  Change  Change		ature, typed or printed name of registered OFFICERS	agent and title if a S AND DIREC	TORS	13.		ADDITIONS/CHANGES	TO OFFICERS	☐ Change	Addition
NAME CONWAY, HERBERT E SIREET ADDRESS 1801 OLDE RIVER TR. CHULUOTA FL  TITLE VST CONWAY, LINDA D SIREET ADDRESS 1801 OLDE RIVER TR. CONWAY, LINDA D SIREET ADDRESS 1801 OLDE RIVER TR. CITY-ST-ZIP CHULUOTA FL  TITLE  NAME 13 STREET ADDRESS 1801 OLDE RIVER TR. CITY-ST-ZIP CHULUOTA FL  TITLE  NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME 42 NAME 43 STREET ADDRESS				☐ DELETE	1.1 TITLE					
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STREET ADDRESS  CITY-ST-ZIP  CI	STREET ADDRESS		1		6.4 CF	TY-ST-ZIP	0 -tio- 440 07/21/i) Florida	Statutes. I furth	er certify that the	information

I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 113.07(3)(i), Florida Statutes, I initial country and indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at officer or director of the corporation of 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 an an attachment with an address, with all other like empowered.

SIGNATURE: