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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F42902

(9)

CUSTOM DESIGN, IRRIGATION & LANDSCAPING OF PINEL LAS COUNTY, INC. Principal Place of Business Mailing Address * WILLIAM S JONASSEN WILLIAM S JONASSEN 10758 ULMERTON RD 10758 ULMERTON RD LARGO FL 33778-1703 LARGO FL 48 33778 3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1996 09/01/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2181546 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country ŹiĐ Country This corporation has liability for intangible tax under s. 199.032. Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONASSEN, WILLIAM S 10785 ULMERTON RD 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 1888 33778 83 64 City 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 Stancture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. DELETE DP 1.1 TIRE Change Addition Tille CREEL, CHARLES E, SR 1.2 NAME CR2E034 NAME 7610 ULMERTON ROAD 1.3 STREET ADORESS STREET ADDRESS LARGO, FL 1888 35778 14 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 2.1 TITLE 1:115 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP City - ST-ZIF DELETE Change Addition THILE 3.1 TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ACODRESS 3.4. CITY - ST- ZIP CHY-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 70º 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAM STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

SIGNATURE: ק פשן אוי)

CD

14. I do 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

Daytime Phone #

FILED

May 02 1997 8:00am

Secretary of State

0383557