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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F44196

(6)

ALBIN LANDSCAPING, INC.

Mailing Address	
3331 E RIVERSIDE DRIVE	

FILED Feb 05 1998 8:00am Secretary of State



2147 ANDREA LANE FT MYERS FL 33912 FT MYERS FL 33916 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1981 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 59-2123722 Not Applicable Suite, Apt #, etc. Suite, Apt, #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAVID R ALBIN 3331 E RIVERSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33916 84 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TITLE DELETE 1.1 TITLE Change Addition

NAME ALBIN, DAVID R 1.2 NAME 3331 E RIVERSIDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ST ALBIN, JANEENE 2.2 NAME NAME 3331 E RIVERSIDE DRIVE 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP Change L DELETE Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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; even an attachment with an address.

SIGNATURE:

WIND RE/RE/ULLUM /

1-28-98

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