

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$300 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

09-20-1999 90010 014 ***500.00

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 22 PM 12:36

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F55625 ✓
 1. Corporation Name
 NATURAL DESIGN LANDSCAPING, INC.

Principal Place of Business Mailing Address
 1810 CLEMENTS RD. 1810 CLEMENTS RD.
 LUTZ FL 33549 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 11/23/1981

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 26 29 30

4. FEI Number Applied For
 59-2165177 Not Applicable

5. Certificates of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owns the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 PETRESKY, MICHAEL
 1810 CLEMENTS RD.
 LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name James Rhodes

82 Street Address (P.O. Box Number is Not Acceptable)
 1810 Clement Road

83

84 City Lutz FL 85 Zip Code 33549

11. Pursuant to the provisions of sections 607.0502 and 607.0508, 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 607.0605, Florida Statutes.

SIGNATURE: *James Rhodes* DATE: 10-15-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETRESKY, PHILIP	
STREET ADDRESS	18204 PARK SIDE DRIVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	PETRESKY, MICHAEL	
STREET ADDRESS	18204 PARK SIDE DRIVE	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Philp Petresky, Philip	
1.3 STREET ADDRESS	1810 Clement Road	
1.4 CITY-ST-ZIP	Lutz, FL 33549	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE: *James Rhodes* REQUIRED



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JP 10/29



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 14, 1999

NATURAL DESIGN LANDSCAPING, INC.
% JAMES RHODES
1810 CLEMENTS ROAD
LUTZ, FL 33549

SUBJECT: NATURAL DESIGN LANDSCAPING, INC.
Ref. Number: F55625

Pursuant to our telephone conversation of October 14, 1999, I am enclosing the annual report as requested for corrections.

The new registered agent must sign in block 11.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 599A00049654