

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # **G48165**

(6)

1. Corporation Name

R. F. O'BRIEN LANDSCAPING, INC.



Principal Place of Business

Mailing Address

**1551 SW 129 WAY
DAVIE FL 33325
US**

**P.O BOX 550435
FT LAUDERDALE FL 33355
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1983

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2418286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**O BRIEN, ROBERT F.
1551 SW 129 WAY
DAVIE FL 33325**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PO**

STREET ADDRESS **1551 S.W. 129 WAY**

CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ DELETE

NAME **V**

STREET ADDRESS **O'BRIEN, FRANK**

CITY-ST-ZIP **1014 WELDSTONE CT**

ATLANTA GA 30350

TITLE ☐ DELETE

NAME **STD**

STREET ADDRESS **O'BRIEN, JOYCE**

CITY-ST-ZIP **1551 S.W. 129 WAY**

DAVIE FL 33325

TITLE ☒ DELETE

NAME **D**

STREET ADDRESS **BOBERMAN, ROBERT**

CITY-ST-ZIP **11268 S.W. 112 PLACE**

MIAMI FL 33176

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**

4.3 STREET ADDRESS **O'BRIEN, CORY P.**

4.4 CITY-ST-ZIP **1551 S.W. 129 Way**

DAVIE, FL. 33325

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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, or on an attachment with an address.

SIGNATURE:

4/29/98 (954) 382-2266

CR2E034 (10/97)