	PROFIT		IS \$550.00		TILED	0000
CORPORATION ANNUAL REPORT 1998		Sandra	B. Mortham lary of State	Apr 01 1998 8:00an Secretary of State		
		DIVISION OF CORPORATIONS				State
 Corporatio 		N = 7				
5001F	IERN LANDSCAPING MAT	iemials, ing.				
	of Business	Mailing Address			ITƏT DIƏT DIƏT DIƏT UTILI DIƏT DI	EIL JALLI IJE
C/O DOUGLAS A. EASTON 14025 S.R. 54 DDE8SA FL 33556		C/O DOUGLAS A. EASTON 14025 S.R. 54 ODESSA FL 33558		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 08/20/1985	· · · · · · · · · · · · · · · · · · ·	
,	Place of Business	2a. Mailing Address 26	·	4. FEI Number 59-2575873		pplied For lot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional lequired
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution) May Be to Fees
Zip	Country 25	Zip 29	Country 30	 This corporation owes or has p Personal Property Tax due Jun 	ie 30. 💢 Yes [ntangible
	9. Name and Address of Curr STON, DOUGLAS A.	rent Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
	2 Ranch RD RPON Springs FL 33589		82 Street Ad	dress (P.O. Box Number is Not Accepta	able)	
			83		····	
			the second s			
			84 City		FLI	Code
	to the provisions of Sections 607.0 registered agent, or both, in the Sla m familiar with, and accept the obl	502 and 607.1508, Florida Stati ate of Fiorida. Such change was ligations of, Section 607.0505, F		rporation submits this statement for the ation's board of directors. I hereby acce	FLI	
IGNATURE	Signature, typed or pented name of registered i	agent and litle if applicable (NC	utes, the above-named co s authorized by the corpor forida Statutes.	uired when reinstating)	purpose of changing apt the appointment as	its registered s registered
GNATURE	Signature, typed or printed name of registered i OFFICERS A		utes, the above-named co authorized by the corpor forida Statutes.		purpose of changing apt the appointment as	its registered s registered
IGNATURE 2. ILE IME REET ADDRESS	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and life if applicable (NC	utes, the above-named co s authorized by the corpor forida Statutes. TE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	its registered s registered RS IN 12
IGNATURE 2, ILE IME REET ADDRESS IY-ST-ZIP	Signature, typed or pented nurse of registered i OFFICERS A PST EASTON, DOUGLAS A.	agent and life if applicable (NC	utes, the above-named co s authorized by the corpor forida Statutes. DTE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE	its registered s registered RS IN 12
GNATURE REET ADDRESS IY- ST- ZIP ILE ME	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and life if applicable (NC AND DIRECTORS	Utes, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	purpose of changing apt the appointment as DATE ICERS AND DIRECTO	its registered s registered RS IN 12 Addition
GNATURE REET ADDRESS REET ADDRESS IV- ST- ZIP ILE ME REET ADDRESS	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and life if applicable (NC AND DIRECTORS	Utes, the above-named co s authorized by the corpor Florida Statutes. DTE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	purpose of changing apt the appointment as DATE ICERS AND DIRECTO	its registered s registered RS IN 12 Addition
IGNATURE 2. ILE IME REET ADDRESS IV- ST- ZIP ILE IME REET ADDRESS IV- ST- ZIP	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and life if applicable (NC AND DIRECTORS	Utes, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	purpose of changing apt the appointment as DATE ICERS AND DIRECTO	its registered s registered RS IN 12 Addition
IGNATURE 2. TLE IME REET ADDRESS TY-ST-ZIP TLE IV-ST-ZIP TLE IV-ST-ZIP TLE IME	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Inte if applicable (NC AND DIRECTORS	Utes, the above-named co s authorized by the corpor Florida Statutes. TE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinstating)	DATE CERS AND DIRECTO Change Change	Its registered s registered RS IN 12
IGNATURE 2. TLE IME REET ADDRESS TY-ST-ZIP TLE IME TY-ST-ZIP TLE IME REET ADDRESS REET ADDRESS	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Inte if applicable (NC AND DIRECTORS	Utes, the above-named co s authorized by the corpor Florida Statutes. DTE: Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTO Change Change	Its registered s registered RS IN 12
IGNATURE 2, TLE WAE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP ILE IREET ADDRESS TY-ST-ZIP	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Inte if applicable (NC AND DIRECTORS	Utes, the above-named co s authorized by the corpor Florida Statutes. TE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinstating)	DATE CERS AND DIRECTO Change Change	Its registered s registered RS IN 12
IGNATURE 2. ILE IME REET ADDRESS IY-SI-ZIP ILE IME REET ADDRESS IY-SI-ZIP ILE IME REET ADDRESS IY-SI-ZIP ILE IY-SI-ZIP ILE IME IY-SI-ZIP	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD		Ates, the above-named co authorized by the corpor florida Statutes. DTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstating)	purpose of changing put the appointment as DATE ICERS AND DIRECTO Change Change	Its registered s registered RS IN 12 Addition
GNATURE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD		Utes, the above-named co s authorized by the corpor florida Statutes. STE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinstating)	purpose of changing put the appointment as DATE ICERS AND DIRECTO Change Change	Its registered s registered RS IN 12 Addition
GNATURE C. KE KE KE KE KE KE KE KE KE KE	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD		Ates, the above-named co authorized by the corpor florida Statutes. DTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstating)	purpose of changing put the appointment as DATE ICERS AND DIRECTO Change Change	Its registered s registered RS IN 12 Addition
GNATURE LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME ME ME ME ME ME ME ME M	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Itle if applicable (NC AND DIRECTORS DELETE	Jites, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)		Its registered s registered RS IN 12 Addition
IGNATURE IGNATURE ILE UME REET ADDRESS TY-ST-ZIP TLE UME REET ADDRESS TY-ST-ZIP	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Itle if applicable (NC AND DIRECTORS DELETE	Utes, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinstating)		Its registered s registered RS IN 12 Addition
IGNATURE IGNATURE 2. TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP ILE IREET ADDRESS TY-ST-ZIP	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Itle if applicable (NC AND DIRECTORS DELETE	Jites, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating)		Its registered s registered RS IN 12 Addition
IGNATURE 2, TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME RREET ADDRESS ITY-ST-ZIP TLE AME RREET ADDRESS ITY-ST-ZIP TLE AME RREET ADDRESS ITY-ST-ZIP TLE	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Itle if applicable (NC AND DIRECTORS DELETE	Jites, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating)		Its registered s registered RS IN 12 Addition
1. Pursuant office or r agent 1 a SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed or periled nurse of registered in OFFICERS A PST EASTON, DOUGLAS A. 522 RANCH RD	agent and Itle if applicable (NC AND DIRECTORS DELETE	Utes, the above-named co s authorized by the corpor Florida Statutes. STE Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)		Its registered s registered RS IN 12 Addition Addition

-