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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H92317 (7)

SUN COAST LAWN SERVICE & LANDSCAPING, INC.

## **FILED** Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					anali ardie titer arbis Gibir 1861	
905 BAY DRIVE 905 BAY DRIVE NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168						
NEW SMITHMA BEACH FL 32100 NEW SMITHMA BEACH F			FL 32168		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
ļ					12/26/1985	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
2126				59-2630818	Not Applicable	
		Suite, Apt. #, etc.	Apt. #, etc.			\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State		- h	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8, This corporation owes or has paid the	_ · _ ·
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30.	Yes No
OF		ii negistereo Agent	81	Name	10. Name and Address of New Register	ео Аделт
	rtalan, William C., Jr. 5 Bay Drive			INDITIO		
	W SMYRNA BEACH FL 32168		82	Street Add	dress (P.O. Box Number is Not Acceptable)	<u>-</u>
NEW SMIRNA DEACH PL 32108			B3	<del> </del>		
			*~	Ί		
			84	City		85 Zip Code
44 Pureuant	to the provisions of Sections 607.050	2 and CO7 1008 Florida State	utoc the abou	o named ser	reportion submits this statement for the number	S of observing its registered
SIGNATURE	egistered agent, or both, in the state in familiar with, and accept the obligation of the state of regularity age.				rporation submits this statement for the purposation's board of directors. I hereby accept the	
12.	OFFICERS AND		13.	eni signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	Bertalan, William C.,Jr.		1.2 NAME			
STREET ADDRESS	905 BAY DRIVE			T ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY -			
TITLE	V	DELETE	2.1 TITLE	<u> </u>		Change Addition
NAME	GOGOL, RICHARD		2.2 NAME			
STREET ADDRESS	2224 SABAL PALM DRIVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	EDGEWATER FL		2. 4 CITY -	ST- ZIP		
TITLE		DELETE	3.1 TITLE		\$5	Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3 3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	41 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - ST - 21P			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STAEE	T ADDRESS		
CITY-ST-ZIP	 <del> </del>		5.4 CITY-	ST - ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADORESS				T ADDRESS		
CITY-S1-ZIP			6.4 CITY-	ST - ZiP		

14. Thereby 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 13 if changed, or on an attachment with an address.