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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J11461 (7)
1. Corporation Name
M & P LANDSCAPE COMPANY, INC.

Principal Place of Business Mailing Address
2480 OWENS BAKER ROAD P.O. BOX 6969
DELRAY BEACH FL 33445 DELRAY BEACH FL 33482-6969
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 150 Davis Road	26	27	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	28	
City & State	City & State		
23 Delray Beach, FL	28	29	
Zip	Country	Zip	Country
24 33445	25 Palm Beach	29	30

3. Date Incorporated or Qualified	
04/23/1986	
4. FEI Number	Applied For
65-0085820	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$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		10. Name and Address of New Registered Agent	
GARCIA, ROBERT MAXWELL 17723 PINE NEEDLE TERRACE X BOCA RATON FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	1.1 TITLE	
NAME	GARCIA, ROBERT MAXWELL	1.2 NAME	
STREET ADDRESS	17723 PINE NEEDLE TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	TRAVIS, PAUL MAXWELL	2.2 NAME	
STREET ADDRESS	8382 SAWPINE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	TRAVIS, MARK MILFORD	3.2 NAME	
STREET ADDRESS	704 N.E. 23RD TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 registered 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 _____ 4/18/98 171 265 1982

CR2E034 (10/97)