**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS May 04, 1999 8:00 am Secretary of State 05-04-1999 90041 001 \*\*\*150.00

1999

| 1. Corporation Name                             |                          | 0   |                |        |  |  |
|---|--------------------------|---|----------------|--------|--|--|
| H & J LANDSCAF                                  | ING, INC.                |   |                |        |  |  |
| Principal Place of Business Mailing Address     |                          |   |                |        |  |  |
| 7878 RED BARROW RD<br>BAKER FL 32531            |                          | 7878 RED BARRO<br>BAKER FL 32531  | W RD           |        |  |  |
| U\$   |                          | US  |                |        |  | DO NOT WRITE IN THIS SPAC  |
|   |                          | IV 10   | -              | -      |  | 3. Date Incorporated or Qualifed 05/20/1986  |
| Principal Place of Business     2a. Mailir      |                          |   | ess            |        |  | 4. FEI Number  |
| 21  | 1 26                     |   |                |        |  | 59-2718126   |
| Suite, Apt. #, etc.                             |                          | 5. Certificate of Status Desired  |                |        |  |  |
| City & State                                    |                          | City & State  | -              | -      | 6. Election Campaign Financing Trust Fund Contribution A |  |
| Zip<br>24                                       | Country<br>25            | Zip Country   |                |        |  | 8. This corporation owes the current year Intangible Personal Property Tax.  |
| 9. Name and Address of Current Registered Agent |                          |   |                |        |  | 10. Name and Address of New Registered Agent   |
| HUTTO, HOME                                     | R A                      |   |                | 81     | Name   |  |
| 7878 RED BARROW RD                              |                          |   |                | 82     | Street A   | Address (P.O. Box Number is Not Acceptable)  |
| BAKER FL 32531                                  |                          |   |                | 83     |  |  |
|   |                          |   |                | 84     | City   | FL 85  |
| office or registered age                        | ent, or both, in the Sta | 0502 and 607.1508, Flori<br>ate of Florida. Such chan<br>gations of Section 607 | ge was authori | zed by | the corpo  | corporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointment |

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

| нит                                | TO, HOMER A.  | 81                            | N                    | lame   |                           |                |                    |                      |  |  |  |
|------------------------------------|---|-------------------------------|----------------------|--|---------------------------|----------------|--------------------|----------------------|--|--|--|
| 7878 RED BARROW RD                 |   |                               |                      | 2 Street Address (P.O. Box Number is Not Acceptable)   |                           |                |                    |                      |  |  |  |
| BAKI                               | ER FL 32531   | 83                            | 3                    |  |                           |                |                    |                      |  |  |  |
|                                    |   |                               |                      | 84 City 85 Zip Code  |                           |                |                    |                      |  |  |  |
|                                    |   | 04                            | '  '                 | ALY  | FL                        | 85             | Zip C              | oue                  |  |  |  |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, in egistered agent, or both, in the State of Florida. Such change was author in familiar with, and accept the obligations of Section 607.6505, Florida | the aboverized by<br>Statutes | /e-na<br>/ the<br>s. | amed corporation submits this statement for the p<br>corporation's board of directors. I hereby accept | urpose of o<br>the appoin | hangi<br>tment | ng its r<br>as reg | egistered<br>istered |  |  |  |
| SIGNATURE                          | Signature, typed or printed name of registered egent and title if applicable. (NOTE: Reg  | istared Age                   | ent sin              | pature required when reinstating)  | DATE                      |                |                    |                      |  |  |  |
| 12.,                               | OFFICERS AND DIRECTORS  | 13.                           | sig                  | ADDITIONS/CHANGES TO OFFI  |                           | DIR            | CTO                | RS IN 12             |  |  |  |
| TITLE                              | PD DELETE   | 1.1 TITLE                     |                      |  |                           | Ch             | ange               | Addition             |  |  |  |
| NAME                               | HUTTO, HOMER A.   | 1.2 NAME                      |                      |  |                           |                |                    |                      |  |  |  |
| STREET ADDRESS                     | 7878 RED BARROW RD  | 1.3 STREE                     | TADE                 | DRESS  |                           |                |                    |                      |  |  |  |
| CITY-ST-ZIP                        | BAKER FL  | 1.4 CITY- S                   | ST-ZJF               | <b>.</b>   |                           |                |                    |                      |  |  |  |
| TITLE ~                            |   | 2.1 TITLE                     |                      |  |                           | ☐ Ch           | ange               | ☐ Addition           |  |  |  |
| NAME                               | TURNER, JIM C.  | 2.2 NAME                      |                      |  |                           |                |                    |                      |  |  |  |
| STREET ADDRESS                     | 7878 RED BARROW RD  | 2.3 STREE                     | T ADE                | DRESS  |                           |                |                    |                      |  |  |  |
| CITY-ST-ZIP                        | BAKER FL  | 2. 4 CITY-                    | ST-ZL                | Р  |                           |                |                    |                      |  |  |  |
| TTILE                              | DELETE  | 3.1 TITLE                     |                      |  |                           | Ch             | ange               | Addition             |  |  |  |
| NAME                               |   | 3.2 NAME                      |                      |  |                           |                |                    |                      |  |  |  |
| STREET ADDRESS                     |   | 3.3 STREE                     | TADE                 | PRESS  |                           |                |                    |                      |  |  |  |
| CITY-ST-ZIP                        |   | 3,4, CITY-5                   | ST-ZIF               |  |                           |                |                    | - <u>-</u> -         |  |  |  |
| TITLE                              | ☐ DELETE  | 4,1 TITLE                     |                      | 1  |                           | □] Ch          | ange               | ☐ Addition           |  |  |  |
| NAME                               |   | 4. 2 NAME                     |                      |  |                           |                |                    |                      |  |  |  |
| STREET ADDRESS                     | ·   | 4.3 STREE                     | TADE                 | DRESS  |                           |                |                    |                      |  |  |  |
| CITY-ST-ZIP                        |   | 4.4 CITY-S                    | ST-ZIP               | ,  |                           |                |                    |                      |  |  |  |
| TTLE                               |   | 5.1 TITLE<br>5.2 NAME         |                      | i  |                           | ☐ Ch           | ange               | Addition             |  |  |  |
| NAME                               |   | 5.3 STREE                     | TADE                 | DESS.  |                           |                |                    | •                    |  |  |  |
| STREET ADDRESS                     |   | 5.4 CITY-S                    |                      |  |                           |                |                    |                      |  |  |  |
| CITY-ST-ZIP<br>TITLE               |   | 6.1 TITLE                     | 1-2                  |  |                           | ☐ Cha          | noo                | Addition             |  |  |  |
| NAME -                             |   | 6.2 NAME                      |                      |  |                           |                | ınge               | T) vacanon           |  |  |  |
| STREET ADDRESS                     |   | 6.3 STREE                     |                      | PRESS  | -                         |                | -                  |                      |  |  |  |
| CITY-ST-ZIP                        | ì   | 6.4 CITY-S                    |                      |  |                           |                |                    |                      |  |  |  |
| 4.4                                |   |                               |                      |  |                           |                |                    |                      |  |  |  |

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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

850 - 565-5994 Daytime Phone #