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

CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 15 1998 8:00am

ANNUAL REPORT			7.7	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
1998 DIVISION OF CORPORATION DOCUMENT # J17610 1. Corporation Name FLANAGAN'S LANDSCAPES CORP. DIVISION OF CORPORATION (3)								
Principal Place of Business Mailing Address 301 N.E. TOWN TERRACE 301 N.E. TOWN TERRACE								
JENSEN BEA			JENSEN BEACH FL 3496					
						DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE	
						06/04/1986		
2. Principal P	lace of Busine	1 68	2a. Mailing Address			4. FEI Number 59-2696246		pplied For of Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				\$8.75	
22			27				Fee Re	`
City & State	0		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip		Country	Zip	Cou	ıntry	8. This corporation owes or has paid the cu		
24		15	29	30	ı			No
FI /		and Address of Curren	it Hegistered Agent		81 Name	10. Name and Address of New Registered	Agent	
FLANAGAN, JOHN 301 N.E. TOWN TERRACE						dress (P.O. Box Number is Not Acceptable)		
JENSEN BEACH FL 34957					oz Street Add	dress (F.O. Box Number is Not Acceptable)		
					63			
					84 City	. FI	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.					bove-named co		= of changing it	s registered
office or r agent. I a	registered age im familiar with	nt, or both, in the State , and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Fig.	authorize orida Sta	d by the corpora tutes.	ation's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE								
12.	Signature, typed o	operated name of registered age OFFICERS AN	The second secon	E: Registere 13.	d Agent signature /eq	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	= IN 12 [
TITLE	DPS	OF TOLING AN	DELETE	1.1 7	TLE	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME		w, John		1.2 N	AME			;
STREET ADDRESS		TOWN TERRACE		1.3 \$	FREET ADDRESS			
CITY-ST-ZIP	JENSEN	BEACH FL	T or ext	_	TY-ST-ZIP		1 65	1 4495
TITLE NAME		IN, JUDITH	☐ DELETE	2.1 TI 2.2 N			Change	☐ Addition G
STREET ADDRESS		TOWN TERRACE			TREET ADDRESS			ì
CITY-\$T-ZIP	JENSEN	BEACH FL			RITY-ST-ZIP			
TITLE	<u> </u>		DELETE	3.1 Tr			Change	Addition
NAME				3.2 N	AME			
STREET ADDRESS					TREET ADDRESS			İ
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NAME				62 N	4			
STREET ADDRESS				6.3 \$	TREET ADDRESS			\
CITY-ST-ZIP	<u></u>			6.4 CI	TY-ST-ZIP			

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. I further certify that the information indicated on this annual report or further empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental a

SIGNATURE: