

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 026 ***150.00

DOCUMENT # J54830

1. Corporation Name

FLORIDA LANDSCAPE MANAGEMENT, INC.

Principal Place of Business

322 MAGUIRE ROAD
OCOEE FL 34761
US

Mailing Address

PO BOX 1488
WINDERMERE FL 34786-1488
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2602-B Ocoee-Apopka Rd

Suite, Apt. #, etc.

22

City & State

23 Ocoee, Florida

Zip

24 34761

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/02/1987

4. FEI Number

59-2781546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FINKBEINER, MR. FRANK
105 EAST ROBINSON ST
STE. 301
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PENNY, STEVEN E.
STREET ADDRESS 14112 SUMMERSET CT
CITY-ST-ZIP CLERMONT FL 34711

TITLE VSTD ☐ DELETE

NAME PENNY, MAUREEN A.
STREET ADDRESS 14112 SUMMERSET CT
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Penny, Steven E.
1.3 STREET ADDRESS 10621 Alameda Alma Road
1.4 CITY-ST-ZIP Clermont, FL 34711

2.1 TITLE VSTD ☒ Change ☐ Addition

2.2 NAME Penny, Maureen A.
2.3 STREET ADDRESS 10621 Alameda Alma Road
2.4 CITY-ST-ZIP Clermont, FL 34711

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Penny, President 4/28/99 407/228-6700

Date

Daytime Phone #

CR2E034 (11/98)

0507572