Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90062 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J62781

1. Corporation Name

EVER-GREEN LAWN CARE, INC.

					,			
Principal Place	e of Business	Mailing Address					81811 81811 81811 81	411 BIBI 1001
2319 J & C BL\	VD	2319 J & C BLVD						
STE #11		STE #11				DO NOT WRITE IN THE	S SDACE	
NAPLES FL 341 US	09	NAPLES FL 34109 US				3. Date Incorporated or Qualifed	O OI ACE	
03		00				03/16/1987		
2 Principal DI	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
	60th Street, S.	— <u> </u>	h St		3 W.	59-2792707	1—	Applicable
Suite, Apt.		Suite, Apt. #, etc.	11 00.	<u>, </u>	 		\$8.75 A	dditional
22	.,	27				5. Certifcate of Status Desired	Fee Red	- beriup
City & State	9	· City & State				6. Election Campaign Financing	\$5.00	May Be
23 Napl	es, FL	Naples,	FL			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year In		_
3411	6 25 USA	29 34116	30	USP	<u> </u>	Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Registered	d Agent	
0.411	OUEZ HEOTOD E			81	Name			ļ
	CHEZ, HECTOR E.			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	60TH ST SW			\square		· ·		
NAPI	LES FL 33999			83				
				84	City		85 Zip C	ode
				1 1	•	<u>FI</u>	<u> </u>	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa trions of, Section 607.0505,	s authorize Florida Stat	d by th tutes.	e corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the p	ointment as reg	gistered
	Signature, typed or printed name of registered age		13.		signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	D. OFFICERS AN	ID DIRECTORS DELETE		TILE		ADDITIONAL TO OTHER TO	Change	Addition
TITLE	SANCHEZ, HECTOR E.			IAME				_
NAME	ACCA COTIL OF CILL							
STREET ADDRESS	NAPLES FL		1125	TREFTA	DDRESS I			İ
CITY-ST-ŽIP	D			TREET A				
NAME	וו	□ DELETE	1.4 C	:ITY-ST-Z			Change	Addition
INAME	SANCHEZ ALICIA C	☐ DELETE	1,4 C	:πy-st-2 πle			☐ Change	Addition
070557 4000500	SANCHEZ, ALICIA C.	☐ DELETE	1.4 C 2.1 T 2.2 N	CITY-ST-2 TTLE JAME	ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS	3231 60TH ST SW	☐ DELETE	1.4 C 2.1 T 2.2 N 2.3 S	CITY-ST-Z TITLE NAME STREET A	ZIP DDRESS		☐ Change	Addition
CITY-ST-ZIP			1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	CITY-ST-Z TILE NAME STREET A CITY-ST-	ZIP DDRESS		☐ Change	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date