

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

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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J74822 (4)

1. Corporation Name
TROPICAL LANDSCAPE MAINTENANCE, INC.



Principal Place of Business
3308 W. TRAPPNEL ROAD
PLANT CITY FL 33567

Mailing Address
P.O. BOX 489
PLANT CITY FL 33564-0489

3. Date Incorporated or Qualified 05/26/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1900 Williams Rd.
Suite, Apt. # etc.

2a. Mailing Address
26 PO Box 489
Suite, Apt. #, etc.

4. FEI Number 59-2886222
Applied For
Not Applicable

22 City & State
23 Plant City, FLA.
24 Zip 33565
25 Country Hillsborough

27 City & State
28 Plant City, FLA.
29 Zip 33564
30 Country Hillsborough

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
VALENTINE, R. KEITH
2910 FOREST CLUB DRIVE
PLANT CITY FL 33567

10. Name and Address of New Registered Agent
81 Name R. Keith Valentine
82 Street Address (P.O. Box Number is Not Acceptable) 1900 Williams Road
83
84 City Plant City FL 85 Zip Code 33565

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 R. Keith Valentine R. Keith Valentine
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 5-17-97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	VALENTINE, R. KEITH
STREET ADDRESS	2910 FOREST CLUB DRIVE
CITY - ST - ZIP	PLANT CITY FL 33567
TITLE	ST <input type="checkbox"/> DELETE
NAME	VALENTINE, RACHEL F
STREET ADDRESS	2910 FOREST CLUB DRIVE
CITY - ST - ZIP	PLANT CITY FL 33567
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1900 Williams Rd
1.4 CITY - ST - ZIP	Plant City FL 33565
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1900 Williams Rd
2.4 CITY - ST - ZIP	Plant City FL 33565
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: R. Keith Valentine R. Keith Valentine 5-17-97 813 754 2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)