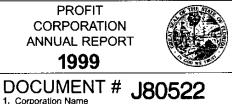
**PROFIT** CORPORATION ANNUAL REPORT

1999

MAJOR LANDSCAPING & DESIGN, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90090 049 \*\*\*150.00



Principal Place of Business Mailing Address						- I INCITE OID! (BIT! OFID) OILS TIDID IID! BIDIT ATATA OID!! OID!! BIR!! ATATA
7337 WOODBRIAR COURT ORLANDO FL 32835-2707		7337 WOODBRIAR COURT ORLANDO FL 32835-2707				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/30/1987
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2827299 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Cour				8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
TEO	W DAIND E			81	Name	
	RY, DAVID E.		82 Street Addr		Street Addre	ess (P.O. Box Number is Not Acceptable)
	Sunnytown RD.			83		
	E 300					
CAS	SELBERRY FL 32707			84	City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was a	es, the at uthorized	by th	named corpo ne corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the co agent. I am familiar with, and accept the obligations of, Syction 607.0505, Florida Statutes.						. 11166
SIGNATURE .	x Mulland K	Kulaus-				4-1-99
	Signature, typed or printed name of registered ager			Agent	signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	13.	1.5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DIOLLADDO MICHAEL DUCCEL	<del>-</del>				
NAME	RICHARDS, MICHAEL RUSSEL		1.2 NA			
STREET ADDRESS	ORLANDO FL 14 G			1.3 STREET ADDRESS		
CITY-ST-ZIP				ZIP	☐ Change ☐ Addition	
TITLE	RICHARDS, STEVEN PAUL 22N			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
NAME						
STREET ADDRESS		ORLANDO FL 2 44				
CITY-ST-ZIP	URLANDU FL					☐ Change ☐ Addition
TITLE			3.1 III			
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP		DELETE	4.1 TIT	TY-ST-	·ZIP	Change Addition
TITLE			4 2 N			<b>1</b> , 2
NAME OTREET ADDRESS					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT	TY-ST- LE	TIL.	☐ Change ☐ Addition
		V	5.1 III			_
NAME					ADDRESS	
STREET ADDRESS				ry-st-		
CITY-ST-ZIP TITLÉ		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
			6.2 NA		į	<b>.</b> _
NAME STREET ADDRESS					ADDRESS	
STREET ADDRESS			6407	D/ CT	710	•

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:

Daytime Phone #