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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J93353** 1. Corporation Name

AL THIGPEN LANDSCAPING, INC.

Fillicipal Flac	e oi business	maining / man con						
6511 RIVER DR. GREEN COVE SPRINGS FL 32043		6511 RIVER DR. GREEN COVE SPRINGS FL 32043			DO NOT WRITE IN TI	HIS SPACE		
						3. Date Incorporated or Qualifed		
						09/15/1987		1
2 Dringing D	None of Business	2a. Mailing Address				4. FEI Number		pplied For
<u> </u>			•			59-2843077		lot Applicable
			• • • • • • • • • • • • • • • • • • • •			33 2043011		Additional
						5. Certifcate of Status Desired		Required
22	·	27 City 9 Ctata						
City & Stat	City & State	State			6. Election Campaign Financing		May Be	
23		28	Caun	.		Trust Fund Contribution		to rees
			—····	8. This corporation owes the current year Intangible Personal Property Tax.				
24	25		30			Personal Property Tax.		
	9. Name and Address of Curre			81 N	ame	10. Name and Address of New Register	ed Agent	
ЦΩΙ	DDOOK KATHI EEN	ý	['	D1 14	ame			
HOLBROOK, KATHLEEN			ī	82 S	2 Street Address (P.O. Box Number is Not Acceptable)			
2001 HADEL CHDENT CO.			L			Course was a constitution of st	24 \$-844 1181, 6181	1 ST 1 - W 1 ST 1 ST 2 ST
	INDEPENDENT DR.		1	83				
JAC	KSONVILLE FL 32202		ļ.	84 C	ity	1、多考,多数核的原理各种的核的可能的研究。在60		Code
				- -	•	F	FL `	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508; Florida Statute	es, the ab	ove-na	med corpo	oration submits this statement for the purpose	of changing it	s registered
office or r	registered agent, or both, in the State	of Florida. Such change was at	thorized	by the	corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	pointment as r	egistered
agent. I a	im familiar with, and accept the obligation	ations of, Section 607.0505, Flor	ida Statui	les.				-
SIGNATURE		(AIOTE	Decistored A	and size	atura reguiror	d when reinstating);	 	
42	Signature, typed or printed name of registered appropriate to the state of the stat	ND DIRECTORS	13.	iğanı sığı	iatore reduired	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.	D OFFICERS A	DELETE	1.1 TITL	c		7	Change	
TITLE	1	e bette						
NAME	THIGPEN, A. E.		1.2 NAN					
STREET ADDRESS		•	1.3 STR	EET ADO	RESS			İ
CITY-ST-ZIP	GREEN COVE SPRG. FL			Y-ST-ZIF	<u>' </u>			
TITLE	D						Channe	□ Addition
NAME	THIGPEN, L. D.	☐ DELETE	2.1 TITL	E			Change	Addition
STREET ADDRESS		□ pere⊥e	2.1 BIL				Change	Addition
	6511 RIVER POINT DR.	_	2.2 NAN		PRESS		Change	Addition ;
CITY-ST-ZIP		_	2.2 NAM 2.3 STR	Æ				
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90015 027 ***150.00

904-269-7358