PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K13804

1. Corporation Name

COMMER	rcial Land Maintenanc	CE, INC.							
Principal Place	of Business	Mailing Address						il Oldia orbit orbit o	
·	•	ŭ	DI VID						
370 COMMERCIAL BLVD NAPLES FL 34104-4701 APPLES FL 34104-4701									
US US						l	DO NOT WRITE IN TH	IIS SPACE	
							3. Date Incorporated or Qualifed		
							01/29/1988		
2. Principal Pl	ace of Business	2a. Mailing Addres	a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26	26				65-0029433		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.				5. Certificate of Status Desired		\dditional
22		27						Fee Re	
City & State		City & State	City & State				6. Election Campaign Financing	\$5.00	, ,
		28				Trust Fund Contribution	Added t	o Fees	
Zip Country Zip			Country				8. This corporation owes the current year	Intangible	
24	25	29	30				Personal Property Tax.	₽ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		-		_	10. Name and Address of New Register	ed Agent	{
				81	Name				{
	KLEY, CHARLES B			82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
	COMMERCIAL BLVD							·	
NAP	LES FL 34104			83					
				84	City			85 Zip	Code
					L				rogistered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida e of Florida, Such change	s Statutes, the s was authorize	above ed bv	e-named the corpo	corpor oration	ation submits this statement for the purpose is board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida St	atutés			•		
SIGNATURE									
0.074.770742	Signature, typed or printed name of registered ag		(NOTE: Register		nt signature r	required w		AND DIDECTO	DC IN 42
12.		ND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P	□ DEL		TITLE				change	
NAME	BUCKLEY, CHARLES			NAME					
STREET ADDRESS			1.3	STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL			CITY-S	T-ZIP	Ļ			
TITLE	DVP □ DELETE 2.1 T		TITLE				☐ Change	Addition	
NAME	TORRES, NELSON	TORRES, NELSON 222 N		NAME					1
STREET ADDRESS	ATA AALIMEDAHA DINA		2.3	STREET	TADORESS				
CITY-ST-ZIP	NAPLES FL		2.4	CITY-S	ST- ZIP				
TITLE		□ DEI	LETE 3.1	TITLE				☐ Change	☐ Addition
NAME			3.2	NAME			4"		}
STREET ADDRESS			3.3	STREE	TADDRESS		•	•)
CITY-ST-ZIP			3.4	. CITY-S	ST-ZIP				
TITLE		☐ DE	ETE 4.1	TTLE				Change	☐ Addition
NAME			4.2	NAME		:	•		
STREET ADDRESS			4.3	STREE	TADDRESS				
CITY-ST-ZIP			4.4	CITY-S	T-ZIP	l			
TTILE			CTC .	7777.					☐ Addition
NAME		DE	.EIE 5.1	TITLE		1		☐ Change	
STREET ADDRESS		□ DE		NAME			· ·	Change	
		□ DEI	5.2	NAME	T ADDRESS		· .	☐ Change	Acciton
CITY-ST-ZIP		□ DEI	5.2 5.3	NAME			· ·	☐ Change	Addition
CITY-ST-ZIP		DEI	5.2 5.3 5.4	NAME STREE				☐ Change	☐ Addition (
TITLE	B3 H1 영 UN		5.2 5.3 5.4 LETE 6.1	NAME STREE CITY-S					
TITLE NAME ₹	Ed HOMON		5.2 5.3 5.4 LETE 6.1	NAME STREE CITY-S TITLE NAME					
TITLE #1	Ed HOMON		5.2 5.3 5.4 LETE 6.1 6.2 6.3	NAME STREE CITY-S TITLE NAME	T-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: **(/**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90135 009 ***150.00