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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90078 050 ***150.00

חחכו	INTENT	# 1	/ 00	004
DOCL	IMENT	#	K :3:3:	9:34

1. Corporation Name

BOLD CITY IRRIGATION & LANDSCAPING, INC.

Principal Place	e of Business	Mailing Address				., 9.2. 0.0. 1		,,, 2,5,, 2,2,,	
2175 KINGSLEY	AVENUE	2175 KINGSLEY AVENUE							
#214	EL 99079	#214 ORANGE PARK FL 32073			DO NOT WRIT	E IN THIS S	SPACE		
ORANGE PARK FL 32073 US		US		3. Date Incorporated or Qualifed					
					09/23/1988			la l	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		$\neg \top \top$	Applied For	
21 BOID C		26 SAME			59-2913370			Not Applicable	
Suite, Apt.		Suite, Apt, #, etc.					\$8.7	5 Additional	
221100C1	ollege DR. STE I	27	-		5. Certificate of Status Desired		Fee	Required	
City & State	e	City & State			6. Election Campaign Financing	П	\$5.0	00 May Be	
23 OKANG	epark, Fl	28			Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes the curre	ent year Inta		_	
24 5000	25 CAY	29 30	<u> </u>		Personal Property Tax.		L_ Yes	No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered A	(gent		
DE:N	NEWS TOTAL		81	Name					
	HEIMER, JOHN H		82	Street Add	Idress (P.O. Box Number is Not Acceptable)				
	RAINEY AVE. W.			<u></u>					
URA	NGE PARK FL 32065		83	3					
			84	City			85 Z	ip Code	
				' '	poration submits this statement for the	FL	L _		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statute	s. 	on's board of directors. I hereby accep ad when reinstating)	DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	DIREC	TORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE				☐ Chang	ge Addition	
NAME	reinheimer, John H		1.2 NAME						
_STREET ADDRESS	_5546_RAINEY_AVEW.	بسيبيسي سيباد سيري	1.3 STREE	TADDRESS		~			
CITY-ST-ZIP	ORANGE PARK FL 32065		1.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				Chang	ge	
NAME	· ——		2.2 NAME						
STREET ADDRESS			2.3 STREE	ET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Chang	ge Addition	
NAME			3.2 NAME	l				ĺ	
STREET ADDRESS			3.3 STREE	ET ADDRESS					
CITY-ST-ZIP_			3.4. CITY-	ST-ZIP		<u></u>			
TITLE		☐ DELETE	4.1 TITLE				Chang	ge 🗌 Addition	
NAME			4. 2 NAME	<u> </u>				}	
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Chang	ge 🗌 Addition (
NAME			5.2 NAME]	
STREET ADDRESS			5.3 STREE	ET ADDRESS				1	
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE				Chang	ge 🗌 Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS				ļ	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	·				

CITY-ST-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 anatochment with an address, with all other like empowered.

SIGNATURE:

. Reinheimer 5-19-99

CR2E034 (11/98)