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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K39030

(7)

BIG CYPRESS LANDSCAPE COMPANY, INC.

FILED May 09 1997 8:00am Secretary of State

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Principal Place of Business 426 ENTERPRISE AVE. NAPLES EL 33008	Mailing Address 4206 ENTERMRISE AVE. NAMES EL 34104-7006	4206 ENTERMAISE AVE.		: 1. 122 (6))), 440 licite 3414 93348 12111 4421 41411 81411 41811 21811 41811 41811	
	-03		3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 316 VenBuren		3Kel Ven Ruses	Africa 65-0088637	Not Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Cly & State 23 Naples FI	City & State	Lyds, Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 FL. 34112 25 USA	29 34112	To Total State to The		Yes 🗹 No	
	of Current Registered Agent	nal N	10. Name and Address of New Re	alstered Agent	
DELLECAVE, STEVE F.		B1 Name			
1145 WHIPPOORWILL LANE		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
NAPLES FL -00999-		83			
		84 City	1.5	FL 85 Zip Code	
11. Pursuant to the profisors of Sections	s 6.) 1.0502 (CG)7 (503, Florida Statute	s, the above-named com	poration submits this statement for the p	urnose of changing its registered	
11. Pursuant to the precisions of Sections office or registered igent or both, in	the State of Florida Such change was	athorized by the comora	poration submits this statement for the pition's board of directors. I hereby accept	it the appointment as registered	
agent. I am familiar with fand accept	me unigations are second 607.0505, Fig.	Statutes.	11/20/	r~	
SIGNATURE Signature is not distributed that is of re	egisterud agort anu tilituu spilicable. (NOTE	Flegislered Agent signature requi	lied when reinstaling)	DATE	
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
THUE DP	☐ DELETE	1.1 TITLE		Change Addition	
MAME DELLECAVE, STEVE F.		12 NAME			
STREET ADDRESS 1145 WHIPPOORWILL	LANE	1.3 STREET ADDRESS	4.		
CHY-ST-ZIP NAPELS FL 33999		1.4 CITY-ST-ZIP	Zin Coole	34105	
INLE V	DELETE	2.1 TITLE		Change Addition	
NAME SIMMONS, TROMAS C		2.2 NAME			
STREET ADDRESS 80 LIBERTY LANE		23 STREET ADDRESS			
CHTY-ST-712 NAPLES FL 33962		2. 4 CITY-ST-ZIP			
ilit.c	DELETE	3.1 TITLE		Change Addition	
NAME		3.2 NAME)	
STREET ADORESS		3.3 STREET ADDRESS		ļ	
City-St-7.P		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		. Change L Addition	
NAME		4. 2 NAME		ļ	
STREET ADDRESS		4.3 STREET ADDRESS			
CHY-S1-Z0-	Dr. ear	4.4 CITY-ST-ZIP			
TITLE	[_] DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		5,2 NAME		ļ	
STREET ADDRESS		5.3 STREET ADDRESS			
CHY-SI-ZIP	☐ DELEYE	5.4 CITY-ST-ZIP		Change Addition	
THE STATE	FT DEFEIG	6.1 TITLE		L Change L Addition	
NAME OWNER AND COS		6.2 NAME		ļ	
STREET ADDRESS		6.3 STREET ADDRESS		ļ	
Otr-St-ZiP 4. 1 do hereby certify that the informatio	nA ipplied with this filling does no malif	6.4 CiTY-ST-ZiP	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
information indicated on this artifial r	port or supplemental annual report is tr	ul and accurate and that	t my signature shall have the same lega	I effect as if made under oath; that [
I am an officer or director of the corp appears in Block 12 or Block 12 4 c	furation or the receiver or trastict employer labeled, or on an attachinent with an add		rt as required by Chapter 607, Florida S	tatutes; and that my name	
SIGNATURE:	lun tilla	Len Ke	218ent 4/29/97	(941)417-2688	
STANTIA AN	D TYPED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Of ste	Daytime Phone #	