

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

MAY 23 11:10:15

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **K40499**

(1)

1. Corporation Name

R E G ENTERPRISES, INC.

2. Previous Principal Office

3340 S.W. 87TH PLACE
MIAMI FL 33165

3. Mailing Address

3340 S.W. 87TH PLACE
MIAMI FL 33165

PRINT OR TYPE IN THIS SPACE

3. Date of Incorporation or Qualification

10/25/1988

3a. Date of Last Report

05/01/1994

2. Principal Office or Business

21 12801 SW 43 DR

2b. Mailing Address

26 12801 SW 43 DR

4. FET Number

NOT APPLICABLE

Applied Fee

Not Applicable

22 Suite, Apt. # etc.

210 A

27 Suite, Apt. # etc.

210 A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

21 MIAMI FL

28 City & State

26 MIAMI FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

24 33175

25 USA

29 33175

30 USA

8. This corporation has submitted and/or signed the following Florida Statutes

Florida Statutes

9. Name and Address of Current Registered Agent

ESTADES, ROBERTO
12801 SW 43 DRIVE, #210A
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.05, Florida Statutes, this office named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, it accepts the appointment of registered agent. I am authorized to execute and file this statement on the part of the corporation.

Signature

Robert Estades

12. OFFICERS AND DIRECTORS

NAME	PD
STREET ADDRESS	ESTADES, MR. ROBERTO
CITY	12801 S.W. 43RD DR. #210A
STATE	MIAMI FL
NAME	VD
STREET ADDRESS	ESTADES, MR. MIGUEL
CITY	3340 S.W. 87TH PLACE
STATE	MIAMI FL
NAME	SD
STREET ADDRESS	LOPEZ, MRS. ROSA M.
CITY	12001 S.W. 24TH TERRACE
STATE	MIAMI FL
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	
NAME	
STREET ADDRESS	
CITY	
STATE	

DELETE

DELETE

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

NAME		Change	Addition
STREET ADDRESS			
CITY			
STATE			
NAME			
STREET ADDRESS			
CITY			
STATE			
NAME			
STREET ADDRESS			
CITY			
STATE			
NAME			
STREET ADDRESS			
CITY			
STATE			
NAME			
STREET ADDRESS			
CITY			
STATE			

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02, Florida Statutes. I further certify that this information included in this filing was reported in the annual report or the biennial annual report of this corporation and that this corporation shall have the right to produce and make available that information for use by the corporation or the financial institution or person or persons to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a of this report or in an attachment with an address.

SIGNATURE:

Robert Estades
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERTO ESTADES.

7/1/95

305-554-5869

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K44179** (5)

1. Corporation Name

GILCHRIST LAWN MAINTENANCE, INC.

Principal Place of Business

Mailing Address

**4240 SOUTH LANDAR DR.
LAKE WORTH FL 33463**

**4240 SOUTH LANDAR DR.
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1988

3a. Date of Last Report

03/17/1994

4. FEI Number

65-0080214

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has ability for interstate tax under § 139.03, Florida Statutes:

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

23

28

City

City

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILCHRIST, TODD
4240 SOUTH LANDAR DR.
LAKE WORTH FL 33463**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(6) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a partner and accept the responsibility of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**D
GILCHRIST, TODD
4240 S. LANDAR DR.
LAKE WORTH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST. ZIP

☐ Change ☐ Addition

2. TITLE

**V
HILL, SONDI
3603 INLET CIR. DR.
GREENACRES FL 33463**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST. ZIP

☐ Change ☐ Addition

3. TITLE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST. ZIP

☐ Change ☐ Addition

4. TITLE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST. ZIP

☐ Change ☐ Addition

5. TITLE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST. ZIP

☐ Change ☐ Addition

6. TITLE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST. ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not equally for the corporation stated in Sections 119.03(1)(b), Florida Statutes. I affirm and certify that the information included on this report or supplemental report is true and accurate and that my signature shall appear on the same legal office copy of this report and that I am an officer or director of the corporation or the owner or holder of a security interest in the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or supplemental report with an addition.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95

407 547 0995