

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K45569

(6)

1. Corporation Name

NATALIE JONES LANDSCAPING, CO.

Principal Place of Business

2225 22ND LANE  
GREENACRES FL 33463

Mailing Address

2225 22ND LANE  
GREENACRES FL 33463-4261



2. Principal Place of Business

21 5775 REYNOLDS ROAD

Suite, Apt. #, etc.

26 5775 REYNOLDS RD

Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH, FL

Zip

24 33467

Country

25

27 City & State

28 LAKE WORTH, FL

Zip

29 33467

Country

30

8. Name and Address of Current Registered Agent

JONES, NATALIE  
2225 22ND LANE  
GREENACRES FL 33463

81 Name NATALIE JONES

82 Street Address (P.O. Box Number is Not Acceptable)  
5775 REYNOLDS ROAD

83

84 City LAKE WORTH FL 85 Zip Code 33467

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

04/26/1986

4. FEI Number

65-0083168

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 liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	<input type="checkbox"/> DELETE 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, NATALIE	1.2 NAME
STREET ADDRESS	2225 22ND LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	GREENACRES FL	1.4 CITY-ST-ZIP
TITLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

4/16/97 (561) 792-6908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/96)