

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90027 035 ***150.00

DOCUMENT # K63467

1. Corporation Name

SANDSCAPING EQUIPMENT CO. INC.

Principal Place of Business

687 S CHURCH ST
RT. 1. BOX 6090 CHURCH STREET
SANTAO ROSA BEACH FL 32459
US

Mailing Address

687 S CHURCH ST
RT. 1. BOX 6090 CHURCH STREET
SANTA ROSA BEACH FL 32459
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1989

4. FEI Number

59-2919711

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 687 S. CHURCH ST.

Suite, Apt. #, etc.

22

2a. Mailing Address

26 687 S. CHURCH ST.

Suite, Apt. #, etc.

27

City & State

23 SANTA ROSA BEACH, FL

Zip

24 32459

Country

25 WALTON

City & State

28 SANTA ROSA BEACH, FL

Zip

29 32459

Country

30 WALTON

9. Name and Address of Current Registered Agent

GOCHENOUR, HAROLD
687 S CHURCH ST
CHURCH STREET
SANTA ROSA BEACH FL 32459

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 607.0502 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

TITLE D ☐ DELETE

NAME GOCHENOUR, HAROLD
STREET ADDRESS 687 S CHURCH ST
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE D ☐ DELETE

NAME GOCHENOUR, DEANNA
STREET ADDRESS 687 S CHURCH ST
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE D ☐ DELETE

NAME GOCHENOUR, DEAN
STREET ADDRESS 687 S CHURCH ST
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 850-2672194
Date Daytime Phone #

CR2E034 (11/98)