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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1998

K95483

(9)

EVERGREEN LANDSCAPE OF COLLIER, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State

(18910(I) SIO ISIOI BISII BISO	H GIGH GIBIC DEN	AL MINKS SHO

NAPLES FL 3		9231 601N ST SW NAPLES FL 33999					
08		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		,
Dringing D	Place of Business	2a. Mailing Address			06/07/1989 4. FEI Number	1 1	
		26 2319 J &	0 Da	. 1		Applied Fo	
Suite, Apt.	J & C Boulevard	Suite, Apt #, etc.	C BOI	revaru	65-0123469	Not Applic	
2 #11		27 #11			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
9	les FL	City & State Naples F			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip 2.4.1.0.0	Cou	•	8. This corporation owes or has paid the c	_ ` ~ `	1
4 34	109 25 USA 9. Name and Address of Current	29 34109	30 T	JSA	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No	
		nogistered Agent		81 Name	IV. Haille and Address of New Registers	1 when	
	NOHEZ, ALICIA C.			- Hamo			
	31 6 0TH ST SW			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
NA	PLES FL 33999			83			
						1 2-0	
				84 City	F	85 Zip Code	ا ا
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	pove-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its register	ered
agent. I a	in familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Stat	a by the corpora utes:	adona odaru di girectors. I hereby accept the aj	pominent as register	ieu
SIGNATURE							
	Signature, typed or printed name of registered agent			d Agent signature requ		ID 5:0507050 01/0	
12.	OFFICERS AND	DELETE	13.	n	ADDITIONS/CHANGES TO OFFICERS AT	D DIRECTORS IN 12	
FITLE	DV		1.1 TI	J		CHANGE L. Au	KILIOIS
NAME	SANCHEZ, ALICIA C.		1.2 N/	1			
STREET ADDRESS	3231 60TH STREET, S.W.			REET ADDRESS			
CITY-ST-ZIP	NAPLES FL	DELETE		TY-ST-ZIP		Change Add	dillon
TITLE	D BANGUEZ LIEGTOD E	בַן טננגונ	2.1 1			CT cliquide CT Mod	MIROH
NAME	SANCHEZ, HECTOR E.		22 N/	1			
STREET ADDRESS	3231 60TH ST. S.W.			REET ADDRESS			
CITY-ST-ZIP TITLE	NAPLES FL	DELETE	2. 4 C	TY-ST-ZIP		Change Add	ddition
NAME	D Carl Perduti		3.1 II 3.2 N/	,	and appropriat	Change Au	MANUAL
NAME Street address	2328 LONGBOAT DR		1	reet address	CARL SPERDUTI		
	NAPLES FL			į.			i
CITY-ST-ZIP TITLE	D D	DELETE	3 4. U	TY-ST-ZIP		Change Add	ldition
NAME	EUZABETH SPERDUTI		4. 2 N				
STREET ADDRESS	2328 LONGBOAT DR			REET ADDRESS			
CITY-ST-ZIP	NAPLES FL			TY-ST-ZIP			
TITLE	TWW PROVIDE	DELETE	5.1 TI			Change Add	dition
VAME			5.2 N/	í			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				IY-ST-ZIP			
ITLE		☐ DELETE	6.1 TI			☐ Change ☐ Add	dition
NAME			6.2 N/	.ME			
STREET ADDRESS			6.3 ST	HEET ADDRESS			
CITY-ST-ZIP			1	TY - ST - ZIP			
	certify that the information supplied with						

indicated on this annual report of 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 a officer or director of the corporation or the receiver or trostee 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.

GNATURE