

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L00556 (5)  
1. Corporation Name:  
MARSHALL'S GREEN PASTURE LAWN AND TREE, INC.



Principal Place of Business: 14681 85TH RD NO  
LOXAHATCHEE FL 33470  
US  
Mailing Address: PO BOX 33045  
PALM BCH GDNS FL 33420  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/03/1989

4. FEI Number: 65-0126740  
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARSHALL, ROBIN CRAIG  
14681 85TH RD. NORTH  
LOXAHATCHEE FL 33470

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/98

12. OFFICERS AND DIRECTORS

☐ DELETE

P  
TITLE  
NAME MARSHALL, ROBIN CRAIG  
STREET ADDRESS 14681 85TH ROAD, NORTH  
CITY-ST-ZIP LOXAHATCHEE FL

☐ DELETE

S  
TITLE  
NAME MARSHALL, JACALYN J.  
STREET ADDRESS 14681 85TH ROAD, NORTH  
CITY-ST-ZIP LOXAHATCHEE FL

☐ DELETE

V  
TITLE  
NAME MARSHALL, MATTHEW R  
STREET ADDRESS 14681 85 RD N  
CITY-ST-ZIP LOXAHATCHEE FL

☒ DELETE

V  
TITLE  
NAME MARSHALL, CHARLES M  
STREET ADDRESS 14681 85 RD N  
CITY-ST-ZIP LOXAHATCHEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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.

SIGNATURE

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

CR2E034 (10/97)