SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(0)

TRI-COUNTY IRRIGATION AND LANDSCAPE, INC.

Principal Place of Business

Mailing Address

FILED Sep 16 1997 8:00am Secretary of State



11606 COLUMBIA PARK DR E JACKSONVILLE FL 32258-9415 JACKSONVILLE FL 32258-9415					DO NOT WRITE	AN TO HO OD A O	r	
					DO NOT WRITE 3. Date Incorporated or Qualified 07/19/1989	3a. Date of 02/23/	Last Report	
2. Principal Place of Business 21 10354 ILAH ROAD 26 10354 ILAH				RAAD	4. FEI Number		Applied	For
				ROAD	59-2961030		Not App	
27					5. Certificate of Status Desired	1 1 7 -	3.75 Addition Fee Required	
City & State 23 Jack Son Ville FL 28 JACKSON				FL	6. Election Campaign Financing Trust Fund Contribution	~ ~ ~~~~~		
^{Zip} 322		^{Zip} 32257 3	Country 0	US	This corporation owes or has pai Personal Property Tax due June	30. 🔀 Yes	s ∐ Ño	lo
	g, Name and Address of Current	Registered Agent		T	10. Name and Address of New Re	istered Ageni	t	
NADEAU, LAWRENCE R. 81 Name								-
11606 COLUMBIA PARK DR E JACKSONVILLE FL 32258				82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
		**	84	City		FL 85	Zip Code	
OTHER OF FR	to the provisions of Sections 607.0502 egisterod agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	horized b	v the corporation	oration submits this statement for the pr on's board of directors. I hereby accep	urnone of oben	ging its registent as registe	stered ered
SIGNATURE								
				eni signature require		DATE		
12. TITLE	PIU OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
! '	NADEAU, LAWRENCE R.	C') befrie	1.1 TITLE				nange LJA	Addition
NAME	6767 SR 21		1.2 NAME					
STREET ADDRESS	KEYSTONE HEIGHTS FL		1.3 STREET ADDRESS					[]
CITY-ST-ZIP TITLE	VSD DELETE		1.4 CITY - ST - ZIP 2.1 TITLE			<u></u>	hange A	Addition
NAME	SMITH, GARY A		2.2 NAME				nange P	TOURIUM !
STREET ADDRESS	7231 GREENWAY DR		2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP					
TITLE	DELETE		3.1 TITLE			□ Ct	hange []	Addition
NAME	_		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-21P				
TITLE	DELETE					☐ Ci	hange	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T- ZIP				
TATLE	DELETE		5.1 Trīlē			☐ CI	nange 🔲 A	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE1					
CITY-ST-ZIP		□ btitir	5.4 CITY - S	T-ZIP				
TITLE			6.1 TITLE			∐ Cł	nange LJ A	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	1				ŀ
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

14. I do hereby certify that the information indicated on this aim I am an officer or director of the valion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inval 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 e corporation or the reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo

904)

9/11/97