## 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 07, 1999 8:00 am Secretary of State

05-07-1999 90141 038 \*\*\*150.00

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Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CALADESI L'ANDSCAPING & MAINTENANCE, INC.

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P	rincinal Place	e of Business	Mailing Address			- I IDBIJOH DII DISEN ISUKE NCIN UKBOL NON DIBI	E BIONI DIONI DIDIN D		
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4177 CORPORATE CT P OBOX 1559 PALM HARBOR FL 34680 PALM HARBOR FL 34682									
US			US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						02/05/1990			
2.	Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21			26			65-0177807	No	t Applicable	
	Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	Additional	
22		المرب المتهامية المريث	27	,		5. Certificate of Status Desired	Fee Re	equired	
_	City & State	 e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	, ´		28			Trust Fund Contribution	Added t	•	
	Zip	Country	Zip	Countr	y	8. This corporation owes the current year	Intangible		
24	1	25	29	30		Personal Property Tax.	☐ Yes	□No	
		9. Name and Address of C	Current Registered Agent			10. Name and Address of New Registers	d Agent		
				8	Name				
ļ		er, robert W., Jr.		8:	Charat Add	Iress (P.O. Box Number is Not Acceptable)			
		CORPORATE CT		0.	Street Add	iress (P.O. Box Number is Not Acceptable)		į	
	P 0	BOX 1559		83					
	PALM	M HARBOR FL 34682		L.					
				84	City	F	85 Zip (	Code	
4.	1 Burguent	to the provisions of Sections 60	77 0502 and 607 1508 Florida Statut	es the aho	/e-named com	poration submits this statement for the purpose	_	registered	
ľ	office or re	egistered agent, or both, in the	State of Florida. Such change was a obligations of, Section 607.0505, Flo	uthorized by	the corporati	ion's board of directors. I hereby accept the app	pointment as re	gistered	
S	IGNATURE								
		Oleranian board or printed come of register							
12			<u> </u>		ent signature require	ed when reinstating)  DATE  ADDITIONS/CHANCES TO CELICEDS	AND DIRECTO	DPS IN 12	
TIT	-	OFFICE	RS AND DIRECTORS	13.	ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			
	TLE .	PD	<u> </u>	13. 1.1 TITLE	T		AND DIRECTO	DRS IN 12	
NA	-	PD MILLER, ROBERT W., JR.	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME					
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition