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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L61088

GARDEN LANDSCAPE & SOD, INC.

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90023 025 ***150.00



Principal Place of Business Mailing Address						
3000 HEGT HOMEEN HOME			LOGAN PIONEER ROAD M BEACH FL 33411		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/26/1990	
		2a. Mailing Address			4. FEI Number Applied For	
-	ace of Business	<u> </u>			65-0184384 Not Applicable	
21	t oto	Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired Fee Required	
City & State)	City & State	-		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible	
24	25	29	30	,	Personal Property Tax. Yes YANO 10, Name and Address of New Registered Agent	
	9. Name and Address of Current	Registered Agent	.,.	81 Name		
100	ANI IOEV					
LOGAN, JOEY 9096 WEST PIONEER ROAD				82 Street	Street Address (P.O. Box Number is Not Acceptable)	
	T PALM BEACH FL 33411			83	THE COURSE SERVICE SERVICES AND THE PROPERTY AND THE PROP	
*****	TALIN DENOTTE SOTT					
				84 City	FL 85 Zip Code	
agent. La	m familiar with, and accept the obligat	and title if applicable. (NOTE	Registered	utes.	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TI			
NAME	LOGAN, JOEY		1.2 N	REET ADDRESS	es l	
STREET ADDRESS	9096 WEST PIONEER ROAD			TY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BEACH FL 33411	☐ DELETE	2.1 T		Change Addition	
NAME	LOGAN, CORINNA	_	2.2 N	AME		
STREET ADDRESS	9096 WEST PIONEER ROAD		2.3 S	TREET ADORESS	ss	
CITY-ST-ZIP	WEST PALM BEACH FL 33411		2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	3.1 T	TLE	☐ Change ☐ Addition	
NAME			3.2 N	AME		
STREET ADDRESS				TREET ADORESS		
CITY-ST-ZIP				ITY-ST-ZIP	Change 1 Addition	
TITLE		☐ DELETE	4.1 T		Since the second	
NAME			•	IAME		
STREET ADDRESS				TREET ADDRESS	55	
CITY-ST-ZIP	1.2		4.4 C	TTY-ST-ZIP	☐ Change ☐ Addition	
TITLE				AME		
NAME				TREET ADDRESS	SS	
STREET ADDRESS CITY-ST-ZIP	Air.		5.4 0	ITY-ST-ZIP		
TITLE	7.7	☐ DELETE	6.1 T	TILE	☐ Change ☐ Addition	
NAME	All the second of the second o		6.2 N	AME	·	
STREET ADDRESS			6.3 9	TREET ADDRESS	:88	
CITY-ST-ZIP			6.40	ITY-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 empowed 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: