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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90122 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # I61547 (0)

1. Corporation Name

RICHARDSON'S LANDSCAPE OF BONITA SPRINGS, INC.

Principal Place of Business

Mailing Address

234 SIXTH ST W  
BONITA SPRINGS FL 33923

234 SIXTH ST W  
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1990

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0213037

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, STEVE  
10045 BOCA CIR  
NAPLES FL 34109

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED  
NAME RICHARDSON, STEVE  
STREET ADDRESS 10045 BOCA CIR  
CITY-ST-ZIP NAPLES FL

1.1 TITLE ST  
1.2 NAME RICHARDSON, STEVE  
1.3 STREET ADDRESS 10045 BOCA CIR  
1.4 CITY-ST-ZIP NAPLES FL

TITLE VD  
NAME RICHARDSON, EMILY  
STREET ADDRESS 234 SIXTH ST W  
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE SD  
NAME RICHARDSON, TIM JAMES  
STREET ADDRESS 234 SIXTH ST W  
CITY-ST-ZIP BONITA SPRINGS FL

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

TITLE TD  
NAME RICHARDSON, STEVE  
STREET ADDRESS 10045 BOCA CIR  
CITY-ST-ZIP NAPLES FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE VD  
5.2 NAME RICHARDSON, TIM LIKE  
5.3 STREET ADDRESS 27220 RIVER ROYALE COURT  
5.4 CITY-ST-ZIP BONITA SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

4-8-99 941-947-1890

CR2E034 (11/98)