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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L71753

1. Corporation Name

LANDSCAPES BY C.E., INC. Mailing Address Principal Place of Business 12635 BARWICK RD 12635 BARWICK RD BOYNTON BEACH, F L 33436 BOYNTON BEACH, F L 33436 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/10/1990 2a. Mailing Address 4. FEI Number Applied For 2. Principa Place of Business Not Applicable 65-0192505 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Cour try 8. This corporation owes the current year intangible Zip Persor al Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEECH, CHARLES Street Ac dress (P.O. Box Number is Not Acceptable) 82 12635 BARWICK ROAD **BOYNTON BEACH FL 33436** 83 85 Zip Code 84 City 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 (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Change ☐ DELETE 1.1 TITLE TITLE LEECH, CHARLES 1.2 NAME NAME

12635 BARWICK RD 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITI F STD 2.1 TITLE LEECH, BRENDA L. 2.2 NAME NAME STREET ADDRESS 12635 BARWICK RD 2.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME

CITY-ST-ZIF y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the in ormation accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does not que indicated on this annual report or suppliemental annual report is true an officer or director of the corporation or the peceiver or trustee empower. es not qua Block 12 or Block 13 if changed an address ith all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

S OFFICE 2 OR DIRECTOR

CR2E034 (11/98)

☐ Addition

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