

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73486 (7)
1. Corporation Name
PALMER LANDSCAPING, INC.

Principal Place of Business
1513 DERRINGER ROAD
P O BOX 11851
JACKSONVILLE FL 32225
US

Mailing Address
C/O HOLLIS HILL PALMER, JR.
P.O. BOX 11851
JACKSONVILLE FL 32239-1851
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/14/1990

4. FEI Number
59-3022645
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1540-5 Monument Rd.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, Fl.

Zip

24 32225

Country

25 USA

2a. Mailing Address

26 1540-5 Monument Rd.

Suite, Apt. #, etc.

27

City & State

28 Jax, Fl.

Zip

29 32225

Country

30 USA

9. Name and Address of Current Registered Agent

PALMER, HOLLIS HILL, JR.
1513 DERRINGER RD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name Sue Ellen Palmer
82 Street Address (P.O. Box Number is Not Acceptable)
1513 Derringer Rd.
83
84 City Jax, FL 85 Zip Code 32225

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

Sue Ellen Palmer

4-24-98

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PALMER, HOLLIS HILL, JR.
STREET ADDRESS 1513 DERRINGER RD
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE DST
NAME PALMER, SUE ELLEN
STREET ADDRESS 1513 DERRINGER RD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VP
NAME POINDEXTER, MICHAEL JERRY
STREET ADDRESS 7039 CAMELOT RD
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Change ☐ Addition

3.1 TITLE VP
3.2 NAME Michael H. Palmer
3.3 STREET ADDRESS 3936-B Toledo Rd.
3.4 CITY-ST-ZIP Jax, Fl 32217

☐ Change ☒ Addition

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

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE Sue Ellen Palmer 4-24-98 000008-9272

CR2E034 (10/97)