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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M40855

1. Corporation Name

NATURAL RESOURSES PEST CONTROL TURF & LANDSCAPIN G SERVICES, INC.

-			•					
Principal Plac	e of Business	Mailing Address				=	. E1411 A1011 A10	II WIEII 61911 198
10756 N.E. 4 AVENUE 10756 N.E. 4 AVENUE								
MIAMI FL 33161		MIAMI FL 33161				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/30/1986		
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number	TT	Applied For
2. Fillicipal i	lace of Business	26				59-2740073	1—	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>				\$8.75	Additional
22	π, σιο.	27	•			5. Certifcate of Status Desired		Required
City & Stat	te	City & State	_			6. Election Campaign Financing	\$5.0	May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Curr	rent Registered Agent		1		10. Name and Address of New Registere	d Agent	
	ION THATLIY I			81	Name			
MAHON, TIMOTHY K.					Street Addr	ress (P.O. Box Number is Not Acceptable)		
* : : :	O BRICKELL AVE.							
MA	MI FL 33131			83				
				84	City		85 Z	p Code
			_		 	F		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S ate of Florida, Such change v	Statutes, the a was authorize	above-i	named corp ne comoratio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	oi changing. ointment as	registered
agent. I a	am familiar with, and accept the obli	ligations of, Section 607.0505	5, Florida Stat	tutes.		•		-
SIGNATURE						d when reinstating) DATE		
40	Signature, typed or printed name of registered	agent and title if applicable. AND DIRECTORS	(NOTE: Registered		signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	DP	DELET				1,551110110,10110110110110110110110110110110	Chang	
	MORESCHI, CRAIG J.W.			IAME			_	
NAME	40770 4187			D-UVIL.	nneess			
STREET ADDRESS				TDEET A			•	
CITY-ST-ZIP	MIAMI FL			TREET A		•	•	
TITLE	S		1.4 0	ITY-ST-			[7] Chang	je ∏ Additi
NAME	MODESCHI CHDISTINE M	DELET	1.4 C	ITY-ST-			☐ Chang	je ∏ Additi
STREET ADDRESS	MORESCHI, CHRISTINE M.	DELEY	1.4 C TE 2.1 Ti 2.2 N	CITY-ST-	ZIP		Chang	pe 🔲 Additi
	10756 N.E. 4 AVE.	☐ DELE1	1.4 C TE 2.1 T 2.2 N 2.3 S	OTY-ST- TILE MAME STREET A	ZIP DORESS		Chang	ge
CITY-ST-ZIP			1.4 C TE 2.1 T 2.2 N 2.3 S 2.4 C	CITY-ST- TILE LAME TREET A	ZIP DORESS		☐ Chang	
TITLE	10756 N.E. 4 AVE.		1.4 C TE 2.1 T 2.2 N 2.3 S 2.4 C TE 3.1 T	CITY-ST-	ZIP DORESS			· —
TITLE NAME	10756 N.E. 4 AVE. MIAMI FL		1.4 C TE 2.1 T 2.2 N 2.3 S 2.4 C TE 3.1 T 3.2 N	CITY-ST-: ITLE LAME STREET A CITY-ST- TITLE LAME	DORESS ZIP			
TITLE NAME STREET ADDRESS	10756 N.E. 4 AVE. MIAMI FL		1.4 C 2.1 T 22 N 2.3 S 2.4 L TE 3.1 T 3.2 N 3.3 S	CITY-ST TILE TREET A CITY-ST- TILE TAME TREET A	ZIP DORESS ZIP DORESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10756 N.E. 4 AVE. MIAMI FL	□ DELE1	14C TE 21T 22N 23S 2.44 TE 3.1T 32N 33S 34.6	CITY-ST-ITLE CITY-ST-ITLE LAME LA	ZIP DORESS ZIP DORESS			e ∏Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10756 N.E. 4 AVE. MIAMI FL		14C TE 21T 22N 23S 2.40 TE 3.1T 32N 3.3S 3.4.6 TE 4.1T	CITY-ST- ITLE LAME STREET A CITY-ST- ITLE LAME STREET A CITY-ST- ITLE	ZIP DORESS ZIP DORESS		☐ Chanç	e ∏Additi
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10756 N.E. 4 AVE. MIAMI FL	☐ DELET	14.0 TE 21T 22N 23S 2.40 TE 3.1T 32N 33S 34.0 TE 4.1T 4.21 4.38 4.46	CITY-ST-	DDRESS DDRESS ZIP DDRESS	***	☐ Chang	e ∏Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10756 N.E. 4 AVE. MIAMI FL	□ DELE1	14C TE 21T 22N 23S 2.40 TE 3.1T 32N 3.3S 3.4.6 TE 4.1T 4.21 4.3S 4.4C TE 5.1T	CITY-ST-	DDRESS DDRESS ZIP DDRESS	اد الادار الله الدارية المعالمين الله المعالمين الله المعالمين الله المعالمين الله المعالمين الله المعالمين ال	☐ Chang	e Additi
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10756 N.E. 4 AVE. MIAMI FL	☐ DELET	14.0 TE 21T 22N 23S 2.40 TE 3.1T 32N 33S 34.6 TE 4.1T 4.21 43S 44.0 TE 5.1T 5.2N 5.3S	ITY-ST- ITLE IAME TREET A CITY-ST- ITLE IAME TREET A CITY-ST- ITLE NAME TREET A CITY-ST- ITLE IAME TREET A CITY-ST- TAME TAM	DORESS DDRESS ZIP DDRESS ZIP DDRESS ZIP	اد الادار الله الدارية المعالمين الله المعالمين الله المعالمين الله المعالمين الله المعالمين الله المعالمين ال	☐ Chang	e Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	10756 N.E. 4 AVE. MIAMI FL	☐ DELET	14-C TE 21T 22N 23S 2.40 TE 3.1T 32N 33S 34.6 TE 4.1T 4.21 43S 44-C TE 5.1T 52N 5.3S 5.4C	CITY-ST- ITLE LAME TREET A CITY-ST- ITLE LAME TITLE NAME STREET A CITY-ST- ITLE LAME STREET A CITY-ST- ITLE LAME STREET A CITY-ST- TITLE LAME STREET A CITY-ST- CITY-	DORESS DDRESS ZIP DDRESS ZIP DDRESS ZIP	اد الادار الله الدارية المعالمين الله المعالمين الله المعالمين الله المعالمين الله المعالمين الله المعالمين ال	☐ Chang	e Additi

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 preport 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP