

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M72629

(2)

1. Corporation Name

DOLPHIN LANDSCAPE, INC.

Principal Place of Business

16433 EAST AINTREE DR.
LOXAHATCHEE FL 33470
US

Mailing Address

16433 EAST AINTREE DR.
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

21 17569-76th St. N.

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee, FL

Zip

24 33470

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 664

Suite, Apt. #, etc.

27

City & State

28 Loxahatchee, FL

Zip

29 33470

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LOPEZ, JOSEPH K.
16433 EAST AINTREE DR.
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified

03/14/1988

4. FEI Number

65-0060947

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME DP
LOPEZ, JOSEPH K.
STREET ADDRESS 16433 E. AINTREE DR.
CITY-ST-ZIP LOXAHATCHEE FL

TITLE ☐ DELETE

NAME VTS
LOPEZ, PATRICIA A.
STREET ADDRESS 16433 E. AINTREE DR.
CITY-ST-ZIP LOXAHATCHEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

17569 76th St. N.
Loxahatchee, FL 33470

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

17569 76th St. N.
Loxahatchee, FL 33470

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Patricia A. Lopez - Patricia A. Lopez VTS

(56) 798-2462
Apr. 20, 1998

FILED
Apr 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)