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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

M95797

(0)

2a. Mailing Address

Suite, Apt #, etc.

WEST COAST LAWN & LANDSCAPE, INC.

Principal Place of Business	Mailing Address
14045 SLOAN COURT SPRINGHILL FL 34610 US	14045 SLOAN COURT Springhill Fl 34610 US

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

Applied For

\$8.75 Additional

Not Applicable

08/23/1988 4. FEI Number

59-2903595

5. Certificate of Status Desired

EE						
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25	[29]	31	D]		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rent Hegistered Ag	jent	81	• • •	10. Name and Address of New Registered Agent
	TENO, MICHAEL				Name	
14045 SLOAN CT.				82	Stree	t Address (P.O. Box Number is Not Acceptable)
SPRINGHILL FL 34810			Ш			
				83		
				84	City	85 Zip Code
				[0.1,	FL S Z F C C C C C C C C C
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida, Such	change was aut	horized by	the co	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: F	legistered Age	nt signatu	re required when reinstating) DATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TENO, MICHAEL			1.2 NAME		
STREET ADORESS	14045 SLOAN CT.			1.3 STREET	ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL			1.4 CITY - S	T- <i>Z</i> IP	
TITLE	_		DELETE	21 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET	address	
CITY-ST-ZIP				2. 4 CITY - S	ST-ŽIP	
TITLE			☐ DELÉTE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY - S	ST-ZIP	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				44 CITY-S	T-ZIP	
TITLE			DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	address	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		j
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY-S		
indicatéd : officer or c	on t his annual report or suppleme	ntal annual report is oceiver or trustee ei	s true and accura	ate and tha	at my si-	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I arn an is required by Chapter 607, Florida Statutes; and that my name appears in