Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90210 024 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000002883

1. Corporation Name

PELTON'S LANDSCAPING SERVICE, INC.							
					<u> </u>		
Principal Place	e of Business	Mailing Address		1			
P O BOX 560912 P O BOX 560912							
MIAMI FL 33256-0912 MIAMI FL 33256-0912				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated			
				10/30/1992			
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		App	lied For
21		26		65-0368619			Applicable _
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired	\$8.75 A	
22 27				<del>_</del>	Fee Rec	<u> </u>	
City & State City & State			6. Election Campaig		\$5.00 N		
23 28 28		C	Trust Fund Contri		Added to	rees	
Zip	Country	Zip	Country	1 '	wes the current year in		□No
24	25			Personal Property	ess of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name	IO. Haine and Haun	0		_
DON	IALD W PELTON III		<u>conald W.</u>	elton 1	<u></u>		
	le SW 93RD S∓		82 Street Ad	Idress (P.O. Box Number is	Not Acceptable)		
-MIAMI FL 33176			83	<u> </u>	10-10	_	_
					······································		
			84 City	a	FI	85 Zip C	ode
44 Dunationt	to the provisions of Sections 607 059	the above-named co	and and a submits this state	ement for the purpose of	of changing its	registered	
11. Pursuant to the provisions of Sections 607.0592 and 607.1908, 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 607.0595, Florida Statutes.							
agent. I am familiar with, and accept the obligations of Section 607.0595, Florida Statutes.						19-99	
SIGNATURE	Significate typed or printed name of registered agent	on title if applicable (NOTE: 6	Registered Agent signature requ	ured when reinstating)	DATE		
12.	OFFICERS AN		13.		IGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	DELETE	1.1 TITLE	PresideNT		Change	☐ Addition
NAME	PELTON, DONALD W. I	, <b>,</b>	1.2 NAME	ELTON, Dona	こと. 目		
STREET ADDRESS	11205 SW 93RD ST.		1.3 STREET ADDRESS	8300 S.W 116	Terr		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Mani FL	33156		
TITLE		☐ DELETE	2.1 TITLE	ı		Change	Addition
NAME			2.2 NAME		·		{
STREET ADDRESS			2.3 STREET ADDRESS	1 1 T 1 W W W W W W W W W W W W W W W W			-
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		:	Change	☐ Addition
NAME ,			3.2 NAME				Į
STREET ADDRESS			3.3 STREET ADDRESS				. }
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				Į.
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4 4 CiTY-ST-ZIP			Chance	
TITLE		☐ DELETE	5.1 TITLE	•		☐ Change	
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>	□ DCLETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
TITLE		☐ DELETE	l i				L radiation )
NAME			6.2 NAME				Į
STREET ADDRESS			63 STREET ADDRESS				J

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not due indicated on this annual report or suppliemental annual report is true and officer or director of the corporation or the receiver or trustee empowere Block 12 or Block 13 if changed on on an attachment with an address. fy or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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

SIGNATURE: