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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P9300006435 (0)

NAVARRO AND NAVARRO LAWN MAINTENANCE CO INC.

FILED Apr 28 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------|------------------------------------|--------------------------------------|--------------------|-----------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2581 4TH ST NW | | | PO BO | PO BOX 10817 | | | | |
| NAPLES FL 34 | 1120 | | NAPLES FL 34101 | | | | DO NOT WRITE IN THIS SPACE | |
| US | | | US | U\$ | | | | 3. Date Incorporated or Qualified |
| | | | | | | | | 01/22/1993 |
| 2. Principal Place of Business 1 1 2a. Mailing Address | | | | | | | 4. FEI Number Applied For | |
| 2. Principal Place of Business 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | | 65-0385395 Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22) 27 | | | | | | | | Fee Required |
| City & State | nu f | City 28 | | | | i | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | | | Zip | — · — | | | 1 | 8. This corporation owes or has paid the current year Intangible |
| 24 291 | 25 | 29 | | 30 | | | Personal Property Tax due June 30. Yes No | |
| | 9. Name and A | ddress of Curre | nt Registered | Agent | | 01 | Name | 10. Name and Address of New Registered Agent |
| NAVANHO, GUS G | | | | | | Name | | |
| 2085 46TH ST SW Naples Fl 33999 | | | | | L | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) |
| | | | | | L | 83 | | |
| | | | | | | 84 | City | FL 85 Zip Code |
| office or re | to the provisions of egistered agent, or m familiar with, and | both, in the Stat | e of Florida. Su | ich change was | authorized | Ιbγ | the corpor | orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | Signature, typed or printer | d name of transfered as | ont and title if aprili | able (NO | II - Benislered | Age | nt signature ted | quired when reinslating) DATE |
| 12. | organic typica or printer | | ND DIRECTOR | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PO DELETE | | 1.1 TIT | 1.1 TITLE | | Change Addition | | |
| NAME | NAVARRO, GI | JS G | | | | ME | | |
| STREET ADDRESS | 2085 46TH ST | r. S.W. | | | 1.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 3 | 3999 | | | 1.4 CIT | Y - S | T-ZiP | |
| TITLE | VSTD | | | DELETE | 2.1 10 | LE | | ☐ Change ☐ Addition |
| NAME | NAVARRO, CE | ECILIA M | | | 2.2 NA | ME | | |
| STREET ADDRESS | 2085 46TH ST | r. S.W. | | | 2.3 ST | AEET | ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 3 | 3999 | | | 2 4 Ci | TY-S | ST - ZIP | |
| TITLE | | | | ☐ DELE¶E | 3.1 T/T | LE | | Change Addition |
| NAME | | | | | 3.2 NA | ME | | |
| STREET ADDRESS | | | | | 3.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | | | | | 3.4. Ci | | ST-ZIP | Design Transfer |
| TITLE | | | | DELETE | 4.1 TIT | | | Change Addition |
| NAME | | | | | 4. 2 N/ | | | |
| STREET ADDRESS | | | | | i i | | ADDRESS | |
| CITY-ST-ZIP | | | | DELETE | 4.4 CIT | | IT-ZIP | Change Addition |
| TITLE | | | | F" DECEIE | 5.1 717 | | | Countries Section 1 |
| NAME | | | | | 5.2 NA | | ADDRESS | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | DELETE | 5.4 CIT 6.1 TIT | • | 11 - ZIP | Change Addition |
| TITLE | | | | - OFFER | 6.2 NA | | | |
| NAME PERCET ADDRESS | | | | | | | ADDRESS | |
| STREET ADDRESS | | | | /// | / | | T- ZIP | , |
| CITY-ST-ZIP | certify that the infor | mation supplied | with this filing. | loos not qualify | | | | in Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| indicated officer or | on this annual repo | ort or supplement | tal annual epo ceiver of truste | ort is true and ac c empowered to | execute | tha his | at my signa report as re | in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in |