## 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

## **FILED** Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90041 003 \*\*\*150.00

DOCUMENT # P9300006435  NAVARRO AND NAVARRO LAWN MAINTENANCE CO INC.					\ \ \	
MAYANNO AND MAYANNO LAWA MAMATENANOE OO MO.					I LABORARI KIR ININA UKU TANIK ANDI ANDI ANDIK ANDI	
		•				
Principal Place of Business Mailing Address						
170 25TH AVE NW PO BOX 10817					•	
NAPLES FL 34120 NAPLES FL 34101 US US					DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
					01/22/1993	
Principal Place of Business     2a. Mailing Address		2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0385395   Not Applicable   \$8.75 Additional	
		Suite, Apt. #, etc.	#, etc.		5. Certificate of Status Desired Fee Required	
				& Floation Compaign Financing \$5.00 Nov. Po		
¬ ···, ·· · · · · · · · · · · · · · · ·					Trust Fund Contribution Added to Fees	
<b>23</b> Zip			Country		8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
4111	4-ma - 0446 - C		8	1 Name		
NAVARRO, GUS G 2085 46TH ST SW NAPLES FL 33999			8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
			8:	3		
			8,	84 City FL 85 Zip Code		
		500 - 1 007 4500 Fledde Clebul	lee the char	ro nomed	corporation submits this statement for the purpose of changing its registered	
office or r	edistared event or both in the Stat	te of Florida. Such change was a	iutnonzea b'	y ine corpo	oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	inda Statute	S.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Ag	ent signature re	required when reinstating) DATE	
12.	•	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	Ì	☐ Change ☐ Addition	
NAME	NAVARRO, GUS G		1.2 NAME		POBOX 10817 NAPLOH 34/0/	
STREET ADDRESS			1.3 STRE	ET ADDRESS	An Ook look . Last	
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-	ST-ZIP	Change Addition	
TITLE	VSTD	☐ DELETE	2.1 TITLE			
NAME	NAVARRO, CECILIA M		2.2 NAME		PO BOX 10817 NAPLOH	
STREET ADDRESS	<b></b>			ET ADDRESS	34/0/	
CITY-ST-ZIP	NAPLES FL 33999	☐ DELETE	2. 4 CITY 3.1 TITLE		Change Addition	
TITLE NAME			3 2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAMI	<b>.</b>	,	
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE 5.4 CITY-	ET ADORESS		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition	
TITLE			6.2 NAMÉ			
NAME	*			ET ADDRESS		
STREET ADDRESS			114 CITY		· ·	

14. I hereby certify that the information supplied with this filing does not grafify 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 the 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, with all other like empowered.

SIGNATURE: