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 # P93000016352 (5)

KLEEN	scape Landscape Maint	TENANCE, INC.					
Principal Plac	e of Business	Mailing Address			1 INDERLIAN TALIA TALIA TALIA TALIA DELIA DELIA DELIA DELIA TALIA DELIA	i Di Milit Milit i i i i i i i i i i i i i i i i i i	Tille tieft têler
12514 CARDII TAMPA FL 33	12514 CARDIFF DRIVE TAMPA FL 33625			DO NOT WRITE IN THIS	CDACE		
					3. Date Incorporated or Qualified	SPACE.	
					02/26/1993		
2. Principal F	lace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			59-3172445	├ ─ ┼	Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
12		27			5. Certificate of Status Desired	Fee	Required
City & Stat	6	City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zıp	Country	Zip	Count	гу	8. This corporation owes or has paid the cur	rrent vear 1	ntangible
24	25	29	30		1 **		□ No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
DALY, WILLIAM 12514 CARDIFF DRIVE TAMPA FL 33625			8:	1	dress (P.O. Box Number is Not Acceptable)		
10	MINIE OOOLO		8:	3			
			84	City	FL	85 Zig	p Code
agent I a					ation's board of directors. I hereby accept the app	ointment a	is registered
	Signature, typed or printed number of registered ag	ont and trice of applicable (NOTE		gent signature requ	ired when reinstating) DATE	DIDEATA	200 111 10
12.	P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	
NAME	DALY, WILLIAM	E percie	1.2 NAME			Onlange	. L_ Addition
STREET ADDRESS	12514 CARDIFF DRIVE			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		- 6	- 1			
TITLE	TAMINIC	DELETE	1.4 CITY- 2.1 TITLE			Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2 4 CITY				
TITLE		☐ DELETE	31 TITLE			Change	Additio
NAME			3.2 NAME	l,			_
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE			Change	e 🔲 Additio
NAME	ľ		4. 2 NAM	- 1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	i i			
UD1-31-78	•		# 4.9 UIII	31-71			

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

William Delis

4-18-98

264-0037

Change

Addition

☐ Addition

FILED

Apr 28 1998 8:00am

Secretary of State