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

**PROFIT** CORPORATION ANNUAL REPORT

1998

1

の情報の

-7 ~;



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000032466 (3) DOCUMENT #

ANDERSON LANDSCAPE MAINTENANCE OF HOBE SOUND, IN

Principal Place of Business Mailing Address **0775 DOTTIE WAY** P.O. BOX 1308 HOBE SOUND FL 33455 HOBE SOUND FL 33475 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/04/1993</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0412028 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & Stale City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζψ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Ves No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** ANDERSON, DAVID P ANDERSON, DAVIDP 8775 DOTTIE WAY Street Address (P.O. Box Number is Not Acceptable) 82 **HOBE SOUND FL 33455** 83 84 Zip Code 33/3 HOBE SOUND 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE PREDIDENT ANDERSON DAVD P 5703 SE OCAMBE BLOSSON TRATE ANDERSON, DAVID P NAME 1.2 NAME 8775 DOTTIE WAY STREET ADDRESS 1.3 STREET ADDRESS HOBESOUND, FL 33455 HOBE SOUND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME

14. I hereby certify that the information supplied with this filing 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 12 or Block 13 if changed, or or an articulary with an admiss.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

**FILED** 

Apr 09 1998 8:00am

Secretary of State

4/3/98 561-546-8608

Change

Addition