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FILED

Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000035606 (1)

1. Corporation Name  
WARING BROS. LANDSCAPING, INC.



Principal Place of Business

Mailing Address

~~1223 BENNETT DR.  
153-155  
LONGWOOD FL 32750  
US~~

~~1223 BENNETT DR.  
153-155  
LONGWOOD FL 32750  
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1993

4. FEI Number

59-3185673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 746 Fleet Financial Ct.

Suite, Apt. #, etc.

22 #126

City & State

23 Longwood Fla.

Zip

24 32750

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Same as

City & State

28 #2

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WARING, MICHAEL L  
~~1811 YVONNE ST~~  
~~APOPKA FL 32712~~

10. Name and Address of New Registered Agent

81 Name Michael L. Waring  
82 Street Address (P.O. Box Number is Not Acceptable)  
254 Cambridge Dr.  
83  
84 City Longwood FL 85 Zip Code 32719

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WARING, MICHAEL L

STREET ADDRESS 254 CAMBRIDGE DR

CITY-ST-ZIP LONGWOOD FL

TITLE ST ☒ DELETE

NAME WARING, ROBERT S

STREET ADDRESS 1811 YVONNE ST.

CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE: M L Waring Michael L Waring 4/17/98 407-257-6372

CR2E034 (10/97)