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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050298

1. Corporation Name
RINGSMUTH LANDSCAPING, INC.

Principal Place of Business
18600 TAMPA RD.
FT. MYERS FL 33912

Mailing Address
18600 TAMPA RD.
FT. MYERS FL 33912



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1993

4. FEI Number
65-0421436

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5482 HARBOUR CASTLE DR.

26 5482 HARBOUR CASTLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FT. MYERS, FLA.

27 FT. MYERS, FLA.

City & State

City & State

23 33907 LEE

28 33907 LEE

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RINGSMUTH, JOHN MICHAEL S
18600 TAMPA RD.
FT. MYERS FL 33912

81 Name RINGSMUTH, JOHN MICHAEL SR.

82 Street Address (P.O. Box Number is Not Acceptable)
5482 HARBOUR CASTLE DR.

83 FT. MYERS

84 City

FL 85 Zip Code
33907

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RINGSMUTH, JOHN MICHAEL S
STREET ADDRESS 18600 TAMPA RD.
CITY-ST-ZIP FT. MYERS FL

1.1 TITLE P
1.2 NAME RINGSMUTH, JOHN MICHAEL S.
1.3 STREET ADDRESS 5482 HARBOUR CASTLE DR
1.4 CITY-ST-ZIP FT. MYERS, FL. 33907

TITLE V
NAME RINGSMUTH, ERIC
STREET ADDRESS 7186 MAIDA LN, #84
CITY-ST-ZIP FT MYERS FL

2.1 TITLE V
2.2 NAME RINGSMUTH, ERIC
2.3 STREET ADDRESS 2413 IVY AVE.
2.4 CITY-ST-ZIP FT. MYERS, FL. 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: RINGSMUTH SR. 4-13-99 941-267-7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)