

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

FILED  
May 11 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 # P93000056276 (7)

1. Corporation Name

A SPECIAL TOUCH LANDSCAPING INC.



Principal Place of Business

Mailing Address

4687 KELLY DRIVE  
WEST PALM BEACH FL 33415

4687 KELLY DRIVE  
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1993

2. Principal Place of Business

21 825 SOUTH U.S. 1

Suite, Apt. #, etc.

22 360 B

City & State

23 Jupiter, Florida

Zip

24 33477

Country

2a. Mailing Address

26 825 SOUTH U.S. 1

Suite, Apt. #, etc.

27 360 B

City & State

28 Jupiter Florida

Zip

29 33477

Country

30

4. FEI Number

65-0445670

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

9. Name and Address of Current Registered Agent

MYERS, KRISTINA  
4687 KELLY DRIVE  
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

MYERS, KRISTINA

82 Street Address (P.O. Box Number is Not Acceptable)

2618 MARCINSKI RD.

83

Jupiter

84 City

FL

85 Zip Code

33477

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

Kristina Myers

Kristina Myers

4-27-98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSTM  
MYERS, SCOTT  
4687 KELLY DRIVE  
WEST PALM BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PC  
MYERS, KRISTINA  
4687 KELLY DRIVE  
WEST PALM BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
MYERS, TODD  
2849 CLEMENTS DR  
HERNANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VSTM  
MYERS, SCOTT  
2618 MARCINSKI RD  
Jupiter, FL 33477

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

PC  
MYERS, KRISTINA  
2618 MARCINSKI RD  
Jupiter, FL 33477

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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

Scott Myers

4/27/98

561-743-9780

CR2E034 (10/97)