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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000068924

1. Corporation Name

PRECISION LANDSCAPES & IRRIGATION, INCORPORATED

Principal Place	e of Business		Mailing Add	dress					- I				III BBILD BI			111 <b>913</b> 1 1881
4635 EMERSON ST		4635 EMERS	4635 EMERSON ST													
JACKSONVILLE FL 32207			LE FL 32207							DO NOT	AIDATE I	NI TILI C I	CDACE			
									- Data	Incorporate	DO NOT \		N IH 5	SPACE		
									I	9/1993	u or Quar	ilea				!
O. Deineinel Di	lloop of Dugino		2a. Mailing	Address					4. FEI N					1-	App	ied For
2. Principal Pl	lace of busines	55	<del></del>	Auditss					1	208146					<u> </u>	Applicable
Suite Aut	# etc		26 Suite A											\$8.7		ditional
Suite, Apt. #, etc.				27					5. Certif	cate of Stat	us Desire	d [	J		e Req	
City & S ate				City & State					6. Electi	on Campai	on Financ	ing _		\$5.	00 v	lay Be
23			28						1 -	Fund Cont	•	٠ _	J 			Fees
Zip		Country	Zip		Co	ountry	_		8. This	crporation	owes the	current	year Inta	ngible		- <u>-</u> -
24	2	5	29		30				Perso	nal Proper	y Tax.			Yes	[	]No
	9. Name a	nd Add ess of Curr	ent Registered Ag	gent					10. Name	and Add	ess of No	ew Regi	stered #	Agent		
						81	Nar	ne								
	rkman, don					82	Stre	et Acd	ress (P.O. Bo	x Number	is Not Acc	eptable	)			
	EMERSON															
JACK	KSONVILLE F	FL 32207				83										
						84	City	,						85	Zip C	ode
							' '						<u> </u>		<u>.</u>	
11. Pursuant	to the provisio	ons of Sections 607.0 nt, or bo h, in the Sta	502 and 607.1508,	Florida Statt	tes, the	above	e-nam	ned corp	poration subm	ni's this sta	tement for	the purpocent the	pose of o	changin Itment a	g its r is rea	egistered stered
office crin	registered ager	nt, or boin, in the Sta	ite ci Fiorida. Sucii	change was					ibir a board or	Circotora.	i ilcicoy c	occpr a	o opto			
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14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(3)(i), Florida Statutes. I further pertify 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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90024 006 \*\*\*150.00