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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 # P93000072517

C & L LANDSCAPE, INC.

		·					
Principal Place of Business Mailing Address							
P.O. BOX 23425 P.O. BOX 23425 JACKSONVILLE FL 32241 JACKSONVILLE FL 32241					DO NO	T WRITE IN THIS SPACE	
					3. Date Incorporated or Qu 10/13/1993		
2. Principal Plan	ace of Business	2a. Mailing Address			4. FEI Number 59-3205831		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		ired \$8.75	Additional Required
City & State	City & State City & State				Trust Fund Contribution		May Be I to Fees
Zip	Country Zip		Country 30		8. This corporation owes the current year Intangib Personal Property Tax.		□No
24	9. Name and Address of Curren	20			10. Name and Address of	New Registered Agent	
HAMI	BURGER, TANA		81	Name			
12672 DEL RIO DRIVE			82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
JACK	(SONVILLE FL 32258	•	83 84	0:1-	Tokas St.	85 11	Code
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: Reg				nt signature require	d when reinstating)	DATE ALL I	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AND DIRECT	
TITLE .	Р	☐ DELETE	1.1 TITLE			Change	e
NAME STREET ADORESS	HAMBURGER, TANA 12672 DEL RIO DR.	. '``.	1.2 NAME 1.3 STREE	TADDRESS	a de la companya de l		····
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP		11 11 11	
TITLE	V	☐ DELETE	2.1 TITLE			Charlot	e
NAME STREET ADDRESS	SMITH, LESLIE 1218 FRUIT COVE TERR., S.	,	2.2 NAME 2.3 STREE	TADORESS			.
CITY-ST-ZIP	JACSONVILLE FL	<u> </u>	2. 4 CITY-5	ST-ZIP	<u> </u>	1 小型無限 動	e Addition
TITLE	V *	☐ DELETE	3.1 TITLE				e
NAME /	SMITH, GEORGE		3.2 NAME				
STREET ADDRESS	4951 RUE ST.	- t		TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	3.4. CITY-5 4.1 TITLE	SI-ZIP		E. Chao	e
TITLE .	ST CHIDLEY		4. 2 NAME				
NAME, STREET ADDRESS	SMITH, SHIRLEY 9620 MELVINA RD.			TADDRESS			i
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-S	ST-ZIP		学 』 明 間 bac C Chano	je Addition
TITLE		DELETE	5.1 TITLE				
NAME		-	5.2 NAME 5.3 STREE	T ADDRESS	. ,		
STREET ADDRESS			5.4 CITY-S			1、1、2、2. 2. 2. 2. 3. 4.	
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Hi (1) Charle	ge [] 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 it made under oath; that I am an officer or director of the corporation or the species 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.

6.4 CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP