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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000078928 (7)

DOWN TO EARTH LANDSCAPING, INC.

						. 11	
Principal Place of Business Mailing Address					Common the level total date date date date the time that the time that		
12791 KAZEE ! LOXAHATCHEE US		12791 KAZEE RD. LOXAHATCHEE FL 33470-473 US	12				
us		00			3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 07/30/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0448893	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	y	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29 3	0			Yes No	
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Re-	gistered Agent	
KOV	'arik, john a		81	Name			
340°	1 34TH WAY		82	Street Add	iress (P.O. Box Number is Not Acceptab	le)	
W. F	PALM BEACH FL 33407					,	
			83				
			84	City		85 Zip Code	
11 Pureuant	to the provisions of Sections 607.05	02 and 607 1509 Florida Statutos	the abov	e named cor	poration submits this statement for the n	· •	
office or r agent. La	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was aut gations of, Section 607.0505, Florida	horized b	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions	or pose of changing its registered	
SIGNATURE						2	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ent signature requ	ored when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIRECTORS IN 12	
TOTLE	D OFFICERS AT	DELETE	1.1 THTLE		ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	SMITH, MICHAEL S.	C. Octob				C Change C Modition	
!	12791 KAZEE ROAD		1.2 NAME				
STREET ADDRESS	LOXAHATCHEE FL			T ADDRESS			
CITY ST-ZIP	D	DELETE	1.4 CITY~	ST - ZIP		Change Addition	
TITLE	_	☐ DECEIE	2.1 TITLE			Change Addition	
NAME	MCMAHON, WOODFORD 12791 KAZEE ROAD		2.2 NAME				
STREET ADDRESS				T ADDRESS			
C/TY - ST - ZIP	LOXAHATCHEE FL	Doctor	2. 4 CITY	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
THTLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
C TY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CiTY-	ST-ZIP			
TITLE		DELETE	61 THILE			Change Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			64 C(TY-	ST-ZIP			

14. I do 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 g