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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24 1998 8:00am Secretary of State

BOBS	COMPLETE LANDSCAPEIN					
Principal Place of Business		Mailing Address				
709 E SEMINOLE AVE MELBOURNE FL 32901		709 E SEMINOLE AVE MELBOURNE FL 32901			55 115-11-11-11	WD 0D 10F
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE
					02/14/1994	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3155414	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zıp	Country	Zφ	Cour	ntry	8. This corporation owes or has paid the	
24	25 29 29 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
DIC	SHOP, ROBERT	it Negistered Agent		81 Name	10. Name and Address of New Register	en videur
		de a .	-	00 01	(D.O. D. M. There is No. Assessed to	
MELBOURNE FL 32904		ck Drive		Street Add	ress (P.O. Box Number is Not Acceptable)	,
			[83		
			ŀ	84 City		85 Zip Code
Department of the presidence of Continue (O7 0100) and (O7 1500 Freedo Calabra						L 63 Zip Code
office or re	egistered agent, or both, in the State	of Horida, Such chan	ge was authorized Nege Florida Statu	by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	п тапшаг witti, апд ассерт те отту	ADORS OF SECTION BOY.	0505, Florida Statt	nea.		
-	Signatore, typed or product caree of regulated age			Agent signature requ	fred when reinstating) DAT	
12.	OFFICERS AN	D DIRECTORS	. 13. Lete 1.1 1 11	15	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change
NAME	BISHOP, BOB		1.2 NAI			Change
STREET ADDRESS		Pearade Drives		REET ADDRESS		
CITY-ST-ZIP	MELB FL 32904		1.4 CIT	Y-ST-Z#P		
TITLE		DE	LETE 21 TH	.E		Change Addition
NAME			22 NA			Ì
STREET ADDRESS				IEET ADDRESS		
CITY-ST-ZIP TITLE		10 🔲		IY-ST-ZIP		Change Addition
NAME			3.2 NA			
STREET ADDRESS			3.3 STF	REET ADDRESS		
CITY-S1-ZIP				Y-ST-ZIP		
TITLE		LT DF				☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NA			
CITY - ST - ZIP			1	REET ADDRESS Y-ST-ZIP		
TITLE		DE				☐ Change ☐ Addition
NAME			5.2 NAI	ME		
STREET ADDRESS			5.3 ST	IEET ADDRESS		
CITY - ST - ZIP		··		Y-ST-ZIP		Change L Addition
TITLE		□ DE				Change Addition
NAME STREET ADDRESS			6.2 NAI 6.3 STA	NEET ADDRESS		
CITY-SI-ZIP				Y - \$1 - ZIP		
					777771	

14. Thereby 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

Robert Bishop