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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000015040

1. Corporation Name

ACTION IRRIGATION & LANDSCAPE, INC.

Principal Place of Business Mailing Address					Committee of a carrie and a many many many many many many many ma	
5210 N US HWY 1 521			5210 N US HWY 1			
MELBOURNE FL 32940 MELBOURN			L 32940			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						02/21/1994
2 Dringing Di	ace of Business	2a. Mailing Ad	Idress			4. FEI Number . Applied For
2. Fillicipal Fi	ace of Business	26				59-3230837 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	City & Sta	te			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23		28		Counts	<u> </u>	170017 0110 0011010011
Zip	Country	Zip		Country	,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes No
24	25	29	30	۲		10. Name and Address of New Registered Agent
	9. Name and Address of Curre	ent Registered Ager	<u> </u>	81	Name	10. Haille allu Address V. Haw Togister es 7 Sant
BUTLER, THOMAS						
5210 N US HWY 1				82	Street Add	dress (P.O. Box Number is Not Acceptable)
MELBOURNE FL 32940				83	<u> </u>	
IVILL	DOGINE 1 E SEU-10					
				84	City	FL 85 Zip Code
					\	reporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida, Such ch	ange was auth	orizea by	the corporat	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable	(NOTE: Re	gistered Age	nt signature requir	red when reinstating) DATE
12.		AND DIRECTORS	<u>, , , , , , , , , , , , , , , , , , , </u>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, THOMAS			1.2 NAME		~
STREET ADDRESS				1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950			1.4 CITY-5		
TITLE	D		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, BARBARA			2.2 NAME		·
STREET ADDRESS				2.3 STREE	T ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950		2.4 CITY-ST-ZIP			
TITLE	DELETE		3.1 T/TLE		☐ Change ☐ Addition	
NAME				3.2 NAME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP				3.4. CITY-		
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS					T ADDRESS	
CHEET WOOKESS	1					

CITY-ST-ZIP 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, at on an attachment with an address with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

Change

☐ Change

Addition

☐ Addition