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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043706**1. Corporation Name

NAPLES LANDSCAPE MAINTENANCE, INC.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90077 039 ***150.00

	EMOOON E MAINTENA						!!!! !!!!! !!!!! ! !! !!!	
Principal Plac	e of Business	Mailing Address					len benne eller e n ne i	BRICE BILL LEET
117 BIG SPRIN		117 BIG SPRING DR.				{		
NAPLES FL 34		NAPLES FL 34113				DO NOT WRITE IN TH	IIS SDACE	
US		US				3. Date Incorporated or Qualifed	113 SPACE	
						06/03/1994	•	}
2 Oringinal D	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
-	race of pusifiess	26				65-0500515	<u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc				·	\$8.75	Additional
22	,	27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			·	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zíp		untry		8. This corporation owes the current year		٦ ا
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		l da l		10. Name and Address of New Register	ed Agent	
ucc.	CACLINI DANI A			81	Name			}
	CASLIN, DAN A.			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
110 OCEAN REEF LANE NAPLES FL 33961				100				
INAF	LES FC 33901			83				
				84	City		85 Zip (Code
				لل				registered
-ffine er	undiatound nagest or both in the Stat	la of Florida. Such chanca w	vac authorized	ส พ.	tna comonauce	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as re	gistered
agent. La	am familiar with, and accept the obli	gations of, Section 607.0505	5, Florida Stat	tutes.	•			
SIGNATURE						when reinstating) DATE		
40	Signature, typed or printed name of registered a	gent and title if applicable. AND DIRECTORS	(NUTE: Registered		t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	DPST	DELET					☐ Change	Addition
NAME	MCCASLIN, DAN A.	_	1,2 N	IAME	Į.			
STREET ADDRESS	4				ADDRESS			
CITY-ST-ZIP	NAPLES FL 34113		1.3 S	TREET				ı
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ST-ZIP | 1. 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, or on an attachment with an address, with all other like empowered.

THATURE: Dan A McCashin DAN A McCAShin PRES. 1-15-99 941-775-41-23

R2F034 (11/98)