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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000052041 (8)

PAVLICK'S EXOTIC LANDSCAPING ENTERPRISES, INC.

Principal Place of Business Mailing Address 2970 DOE TRAIL 2970 DOE TRAIL LOXAHATCHEE FL 33470-2557 LOXAHATCHEE FL 33470 3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1994 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0507777 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 6. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAULICK, STEVEN W 2970 DOE TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) LOXAHATCHEE FL 33470 63 **B4** City 85 Zip 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition PAVLICK, STEVEN W NAMÉ 12 NAME 2970 DOE TRAIL STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL 33470 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 1111.6 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP □ DELETE ☐ Change Addition 31 TITLE 100 3.2 NAME NAME STATE LADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST-ZIP DELETE Change Addition THEE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME N. Wi 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

6.4 CITY-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 changed or on an attachment with an address.

SIGNATURE:

CITY-S1-7/P

Constat Revice

FILED

Apr 18 1997 8:00am

Secretary of State

96/6) CR2E034