

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068917 (1)

1. Corporation Name

J. SHELHAMER LANDSCAPE, INC.



Principal Place of Business

Mailing Address

6075 188TH TR N
LOXAHATACHEE FL 33470

6075 188TH TR N
LOXAHATACHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

4. FEI Number

65-0521305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AHO, JOHN
640 E OCEAN AVE #8
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

James Shelhamer

82 Street Address (P.O. Box Number is Not Acceptable)

6075 188th tr n, Loxahatchee

83

84 City

Loxahatchee

FL

85

Zip Code

33470

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 of registered agent or person authorized to register agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

SHELHAMER, JAMES

STREET ADDRESS

6075 188TH TR N

CITY-ST-ZIP

LOXAHATACHEE FL 33470

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with my address.

CR2E034 (10/97)