

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90038 011 \*\*\*150.00

DOCUMENT # **P94000089791**

1. Corporation Name

**OCEAN VIEW LANDSCAPE & IRRIGATION, INC.**



Principal Place of Business  
**1598 NE SOTTONG DRIVE  
JENSEN BEACH FL 34957-5737**

Mailing Address  
**1586 NE Darlich Ave  
P.O. BOX 2332  
JENSEN BEACH FL 34958  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/12/1994**

2. Principal Place of Business

21 **1586 NE Darlich Ave.**

Suite, Apt. #, etc.

22 **Jensen Beach Fl.**

City & State

23 **Jensen Beach Fl.**

City & State

24 **34957**

Zip

25 **Martin**

Country

2a. Mailing Address

26 **1586 NE Darlich Ave.**

Suite, Apt. #, etc.

27 **Jensen Beach Fl.**

City & State

28 **Jensen Beach Fl.**

City & State

29 **34957**

Zip

30 **Martin**

Country

4. FEI Number

**65-0543268**

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 the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**GREBE, ROBERT  
633 N.W. BAKER RD  
STUART FL 34957-5737**

10. Name and Address of New Registered Agent

81 Name **Grebe Robert W.**

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

**1586 NE Darlich Ave.**

83

84 City

**Jensen Beach**

**FL**

85 Zip Code

**34957**

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 **Robert W. Grebe**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GREBE, ROBERT**  
STREET ADDRESS **1586 N.E. DARLICH AVE**  
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☒ DELETE

NAME **SANFRATELLO, TERESA A**  
STREET ADDRESS **1042 N.W. OCEANVIEW CIRCLE**  
CITY-ST-ZIP **JENSEN BEACH FL**

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 an address.

SIGNATURE:

**STEFANIE REED**

**8/12/99**

**561-334-6456**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (5/99)

0109506