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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000002992

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State **Katherine Harris**

02-23-1999 90070 027 \*\*\*150.00

CARTER	'S LAWN/LANDSCAPE & IRI	RIGATION, INC.								
Principal Place	of Business	Mailing Address					121 <b>00</b> 311 <b>0</b> 1		8   B(  10   10   10   10   10   10   10   10	
9589 BEAUCLERC COVE ROAD JACKSONVILLE FL 32257  9589 BEAUCLERC COVE ROAD JACKSONVILLE FL 32257						DO NOT WRITE IN	N THIS !	SPACE		
						3. Date Incorporated or Qualifed				
						01/09/1995			ĺ	
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		A	pplied For	
21		26				59-3298897		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required					
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28		_		Trust Fund Contribution			to Fees	
Zip	Country	Zip	Col	untry	-	8. This corporation owes the current y	/ear Inta		_ <u></u>	==
24	25	29	30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Current	t Registered Agent		1001 41		10. Name and Address of New Regis	stered A	gent		
CADI	TED DAVID I			81 N	lame				İ	
	TER, DAVID L ) BEAUCLERC COVE ROAD			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)				
	KSONVILLE FL 32257				_				<u>-</u>	
JACE	ASSUMPLIE PE SZZSI			83						
				1	ity		FL		Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	utes, the a	above-na	amed corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of.c appoin	changing it tment as r	s registered   egistered	
agent. I ar	m familial with, and accept the soligat	tions of, Section 607,0505, F	lorida Sta	tutes.			^		i	
	May ush of	1 /2/- 1	resti	DENT	ĺ	1-8-9	7			
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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 of 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 changes for on an attachment with an address, with all other like impowered.

6.4 CITY-ST-ZIP