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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008520

1. Corporation Name

DULANY LANDSCAPING SERVICES, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90177 044 ***150.00



<u> </u>								
Principal Place of Business Mailing Address						- I 1001% but the roll of all the court works both court cases as the siens and	1 1001	
1111 NORTH OCEAN BOULEVARD 1111 NORTH OCEAN BOULEV			ILEVARD			,		
BOCA RATON FL 33432 BOCA RATON FL 33432						DO NOT WRITE IN THIS SPACE		
ļ t				:		3. Date Incorporated or Qualifed]	
				4		01/27/1995		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied F	or	
21 26						65-0548757 Not Appli	_	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	I .	
City & State City & State						6. Election Campaign Financing \$5.00 May B	e 1	
23	28					Trust Fund Contribution Added to Fees		
Zip				ountry 8. This corporation owes the current year Intangible Personal Property Tax I Yes No				
24	25	29	30			Personal Property Tax		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent		
DUL	ANY, PHILIP A JR.							
1111 NORTH OCEAN BOULEVARD				82	Street Addre	ess (P.O. Box Number is Not Acceptable))	
1	A RATON FL 33432			83	 -	·		
			=					
Í	•			84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the a	bove-r	named corpo	pration submits this statement for the purpose of changing its register	ered	
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.								
1	. ,	, , , , , , , , , , , , , , , , , , , ,						
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOT	E: Registered	Agent si	ignature required	when reinstating) DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PTD	[] DELETE	1.1 TI	TLE		☐ Change ☐ A	Addition :	
NAME	DULANY, PHILIP A JR.		1.2 NA					
STREET ADDRESS	1281 SPANISH RIVER ROAD		1.3 \$	TREET AL	ODRESS		ਪੁੱ	
CITY-\$T-ZIP	BOCA RATON FL 33432		1.4 CITY-		UP		و احتنادی	
TITLE	VPSD	☐ DELETE	2.1 TI	TLE		☐ Change ☐	Addition	
NAME	DULANY, MARIA S		2.2 N		1			
STREET ADDRESS	1281 SPANISH RIVER ROAD		ı	TREETAL	Į.		- {	
CITY-ST-ZIP	BOCA RATON FL 33432	☐ DELETE		лү- <u>\$Т-</u>	ZIP	☐ Change	Addition	
TITLE			3.1 TI			. Desiring		
NAME			3.2 N		200500		{	
STREET ADDRESS				TREETAL				
CITY-ST-ZIP		☐ DELETE	3.4. C	OTY-ST-2	<u> </u>	☐ Change ☐ /	Addition	
TITLE			4.21					
NAME	-				DDDEEC			
STREET ADDRESS				TREET AL				
CITY-ST-ZIP		DELETE	4.4 C	17Y-ST-Z	<u> </u>	☐ Change ☐ /	Addition	
TITLE		- Dettelle	5.2 N		1			
! NAME				TREET AL	DDRESS		ļ	
STREET ADDRESS				TY-ST-2			ļ	
CITY-ST-ZIP		☐ DELETE	6.1 TJ			☐ Change ☐ /	Addition	
			6.2 N		ļ		ļ	
NAME				TREET A	DDRESS		Į	
STREET ADDRESS	 		- 1	rry-st-7			J	

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, with all other like empowered.

SIGNATURE:

RE-REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR