02201999-90077-045-$150.00-$150.00

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Secretary of State
02-20-1999 90077 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **P95000012854**

1. Corporation Name
COASTLINE LANDSCAPE & MAINTENANCE INC.

Principal Place of Business
1958 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE FL 34952

Mailing Address
1958 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1995

4. FEI Number: 65-0559401 — 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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ABELL, ROBERT G
1958 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE 2/1/99

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	MYERS, LAURA	
STREET ADDRESS	6680 SW GATOR TRAIL	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	☐ DELETE
NAME	ABELL, AMY	
STREET ADDRESS	6680 SW GATOR TRAIL	
CITY-ST-ZIP	PALM CITY FL	
TITLE	Robert Abell P	☐ DELETE
NAME		
STREET ADDRESS	6680 SW Gator Trail	
CITY-ST-ZIP	Palm City 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		

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	President	☐ Change ☑ Addition
3.2 NAME	Abell Robert	
3.3 STREET ADDRESS	6680 SW Gator Trail	
3.4 CITY-ST-ZIP	Palm City FL	
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		

CR2E034 (11/98)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-20-99 — Daytime Phone # 561-223-7318