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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000024581**1. Corporation Name

FLORIDA CUSTOM LANDSCAPES, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90056 001 ***150.00



Principal Place of Business Mailing Address									
ACKSONVILLE F3 32258 2. Principal Place of Business 2. A Maining Address 3. Date Interpreted of Qualifier 3. (28) 1995 2. Principal Place of Business 3. Leaviness 3. Leaviness 3. Leaviness 3. Suita Apt. 4, etc. 3. Suita Apt. 6, etc. 3. Cerl toxto of Suitus Diskred 3. Suita Apt. 6, etc. 4. Fell Number 4. Suita Apt. 6, etc. 4. Fell Number 5. Cerl toxto of Suitus Diskred 3. Suita Apt. 6, etc. 4. Fell Number 5. Cerl toxto of Suitus Diskred 3. Suita Apt. 6, etc. 4. Fell Number 5. Cerl toxto of Suitus Diskred 3. Suita Apt. 6, etc. 4. Fell Number 5. SUMMONS, R S 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 4. Fell Number 5. SUMMONS, R S 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 5. Cerl toxto of Suitus Diskred 5. Suita Apt. 6, etc. 5. Cerl toxto of Suitus Diskred 5. Suitus Apt. 6, etc. 6. Elec for Campuing Francing 5. Suitus Apt. 6, etc. 6. Elec for Campuing Francing 7. Suitus Apt. 6, etc. 7. Suitu	Principal Place of Business	Mailing Address						ia itani miade an	Et (Bifft fift) (BEL
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Suite, Apt. #, etc. 55-3297524	2. Principal Place of Business	2a. Mailing Address							Applied For
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Zip	City & State	├ ─ ┐ '				, •			•
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12244 OLD ST. AUGUSTNIE RD 2 Street Address (P.O. Bick Number is Not Acceptable) 33 34 35	(SPANONIC D.O.			81	Name				
B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sactions 607 (50 2 and 607 1508, Florids Startles, the above-named c xporation subm is this statement for the purpose of changing its registered agent. I am any a per State conform 507 (505, Florids) Stuch change was authorized by the corporation's board of streetors. I hereby accept the ap xinhtment as registered agent. I am any a per State conform 507 (505, Florids) Stuch change was authorized by the corporation's board of streetors. I hereby accept the ap xinhtment as registered open. I am any a per State conform 507 (505, Florids) Stuch change was authorized by the corporation's board of streetors. I hereby accept the ap xinhtment as registered open. I am any a per State conform 507 (505, Florids) Stuch change was authorized by the corporation's board of streetors. I hereby accept the ap xinhtment as registered open. I am any accept the ap xinhtment as registered open. I am any accept the ap xinhtment as registered of streetors. I hereby accept the ap xinhtment as registered open. I am any accept the ap xinhtment as registered of streetors. I hereby accept the ap xinhtment as registered open. I am any accept the ap xinhtment as registered of streetors. I hereby accept the ap xinhtment as registered open. I am any accept the ap xinhtment as registered of streetors. In the Change	12244 OLD ST. AUGUSTINE RD			82	Street Addre	ss (P.O. Bc x Number is Not Accepta	ible)		
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SIGNATURE 12	11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both in the state	0 2 and 607.1508, Florida Statute a of Florida. Such change was au	s, the at	bove by t	named corporation	ration subm ts this statement for the i's board of directors. I hereby accept	purpose of the app	of changing i ointment as	ts registered registered
13. ADDITIONS 13. ADDITIONS ADDITIONS Addition Addit	$(\mathcal{M}_0)/(1-20)$	allons of Section Cor. 0000, 1 on	iua Stati	ules. 	-*'				
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14. I hereby certify that the information supplied with it is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cert fy that the information indicated on this annual report or suppliemental 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 illirector 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 attachyst number an address, with all other like empowered.

NG OFFICER OF DIRECTOR

SIGNATURE: