

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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90016 027 \*\*\*150.00

DOCUMENT # P95000029275

1. Corporation Name  
SOUTHERN LANDSCAPING, INC.



Principal Place of Business  
1610 BAKERS HWY S E  
MOORE HAVEN FL 33471  
US

Mailing Address  
P.O. BOX 942  
MOORE HAVEN FL 33471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 141 HALL ROAD

4. FEI Number  
65-0779427

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 141 HALL ROAD

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 LAKE PLACID FL

City & State  
28 LAKE PLACID FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip 33852 Country Highlands

Zip 33852 Country Highlands

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

9. Name and Address of Current Registered Agent  
WILSON, CECIL A  
BAKER HIGHWAY  
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name Cecil A. Wilson  
82 Street Address (P.O. Box Number is Not Acceptable)  
141 HALL ROAD  
83  
84 City LAKE PLACID FL 85 Zip Code 33852

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILSON, CECIL A  
STREET ADDRESS 1610 BAKERS HWY S E  
CITY-ST-ZIP MOORE HAVEN FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Cecil A. Wilson  
1.3 STREET ADDRESS 141 HALL ROAD  
1.4 CITY-ST-ZIP LAKE PLACID FL 33852

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

S. CECIL A. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99

Date

(941)694-5999

Daytime Phone #

CR2E034 (11/98)

0373638