**FILED** 

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90085 050 \*\*\*150.00

## 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 # P95000036885

1. Corporation Name

WESTBA	AY LANDCARE, INC.							{}				
D: : 101			90. • • • • • • • • • • • • • • • • • • •					-	<b> </b>	i <b>66</b> 00 <b>17</b> 00 661	1	
Principal Plac			iling Address			ì						
931 E. 129TH AVENUE P.O. BOX 82597 TAMBA EL 23692											_	
TAMPA FL 33612 TAMPA FL 33682									DO NOT W	RITE IN THE	S SPACE	
							3.	Date In	corporated or Qualif	ed		
							(	05/08	3/1995			
2. Principal P	Place of Business	2a.	Mailing Address	······································				FEI Nu			Ar	pplied For
21	26							59-33	15772		No	ot Applicable
	uite, Apt. #, etc. Suite, Apt. #, etc.						<b>5</b> (	Partifor	ate of Status Desired		•	Additional
22		27	-			-		2 <del>0</del> 1 11102			Fee Re	equired
City & Stat	e		City & State						n Campaign Financir	<sup>19</sup> . $\square$	•	May Be
23		28						Trust F	und Contribution		Added	to Fees
Zip	Country	-	Zip	Count	ry				rporation owes the c	urrent year Ir		<b>\</b>
24	25	29	3	0					al Property Tax.	Baalatasa	Yes	Lyne_
	9. Name and Address of Current	Regist	ered Agent	8	1 Name		10.	Name	and Address of Nev	w registered	Agent	
WES	STBAY, RANDALL K			0			R	and	<u>åll K Wes</u>	tbav		
931 E. 129TH AVENUE					2 Street A	Address	s (P.	D. Box	Number is Not Acce	ptable)		
TAMPA FL 33612				8	2		_5	0.7	<del>Carriage</del>	Hills-		
1AMFA FL 33012					3		T	emp	le Terrac	e. Fl	33817	
							le	Te	rrace	FL		517
11. Pursuant	to the provisions of Sections 607.0502	and 60	7.1508, Florida Statutes	, the abo	ve-named o	orpora	tion	submit	s this statement for the	he purpose o	changing its	registered
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligation	of Florida ions of,	Section 607.0505, Florid	a Statute	s the corpores.	rauon s	s boa	ira 01 a	irectors. Thereby acc	sept the appo	munem as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and tribs if	applicable. (NOTE: R	egistered Ag	ent signature re-	tw benup	en rei	nstating)	1	DATE		
12.	OFFICERS AND			13.			Α	DDITIC	NS/CHANGES TO	OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE					1		☐ Change	☐ Addition [
NAME	WESTBAY, RANDALL K			1.2 NAME	:							
STREET ADDRESS	507 CARRIAGE HILLS DR			1.3 STRE	ET ADDRESS							
CITY-ST-ZIP	TEMPLE TERR FL			1.4 CITY-	ST-ZIP							
TITLE			☐ DELETE	2.1 TITLE				•			Change	Addition
NAME				2.2 NAME	.							į
STREET ADDRESS				2.3 STRE	ET ADDRESS					•		]
CITY-ST-ZIP			_	2. 4 CITY	-ST-ZIP							
TITLE			☐ DELETE	3.1 TITLE					-;		Change	☐ Addition
NAME				3.2 NAME	<u> </u>							
STREET ADDRESS				3.3 STRE	ET ADDRESS				1			
CITY-ST-ZIP				3.4. CITY	-ST-ZIP				<u> </u>	· ·		
TITLE			☐ DELETE	4.1 TITLE	.						☐ Change	☐ Addition
NAME				4. 2 NAM	E							
STREET ADDRESS				4.3 STRE	ET ADDRESS							
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	4.4 CITY-	ST-ZIP							
TITLE			☐ DELETE	5.1 TITLE	1						Change	☐ Addition
NAME				5.2 NAME	•							. [
STREET ADDRESS				53 STRE	ET ADDRESS					•		
									1			
CITY-ST-ZIP				5.4 CITY-								
TITLE			☐ DELETE	5.4 CITY- 6.1 TITLE					1		Change	Addition
			☐ DELETE								Change	Addition

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

Daytime Phone #