

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

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000041575 (8)

1. Corporation Name

TROPICAL LANDSCAPING, INC.

Principal Place of Business

Mailing Address

2300 OLD GERMANTOWN ROAD  
APARTMENT #202  
DELRAY BEACH FL 33445

2300 OLD GERMANTOWN ROAD  
APARTMENT #202  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0591294

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1203 12TH LN

Suite, Apt. #, etc.

22 NA

City & State

23 LAKE WORTH, FL

Zip

Country

24 33463

25 PALM BCH.

2a. Mailing Address

26 1203 12TH LN

Suite, Apt. #, etc.

27 NA

City & State

28 LAKE WORTH, FL

Zip

Country

29 33463

30 PALM BCH.

9. Name and Address of Current Registered Agent

DAUGHERTY, GLENN G  
2300 OLD GERMANTOWN ROAD  
APARTMENT #202  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

DAUGHERTY, GLENN G.

82 Street Address (P.O. Box Number is Not Acceptable)

1203 12TH LN

83

NA

84 City

LAKE WORTH

FL

85 Zip Code

33463

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 P ☐ DELETE

NAME DAUGHERTY, GLENN G  
STREET ADDRESS 2300 OLD GERMANTOWN ROAD APT #202  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P ☒ Change ☐ Addition

1.2 NAME DAUGHERTY, GLENN G.

1.3 STREET ADDRESS 1203 12TH LN

1.4 CITY-ST-ZIP LAKE WORTH, FL 33463

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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.

SIGNATURE: *Glenn G. Daugherty* 3/29/98 561-965-9426

CR2E034 (10/97)