**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000045587

1. Corporation Name

K & L LANDSCAPING INC.

Principal Place of Business

Mailing Address

11295 LONG HILL COURT

11295 LONG HILL COURT SPRING HILL FL 34609

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90085 020 \*\*\*150.00



OTTHIS TREE !	2 0 1000				DO NOT WR	ITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					06/07/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21 1355	OVERLAND DR_	26 1355 OVECL	I UNG	2K _	59-3317145		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		•	Additional equired
City & State	0 1	City & State /		<u> </u>	6. Election Campaign Financing		\$5.00	May Be
23 Spai		28 SPAING HI	LL t	<sup>2</sup> L.	Trust Fund Contribution			to Fees
		Zip	Country	,	8. This corporation owes the cur	rent year Int	angible	
Zip 3460	8 25 Hernande	29 34608 3	o Hel	OOHAN	Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered .	Agent	
8**								
	an, Kevin	82	82 Street Address (P.O. Box Number is Not Acceptable)					
11295 LONG HILL COURT				Street Addi	ess (F.O. Box Halliber is Not Accept	iable)		
SPRING HILL FL 34609				<del>                                     </del>			_	
							<del></del>	
			84	City		FL	85 Zip	Code
	to the provisions of Sections 607.0502	1 007 4500 El side Dan 1	466		and in authority this statement for the		changing its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby acce	pt the appoi	ntment as re	egistered
SIGNATURE				··. · · · · · · · · · · · · · · · · · ·		DATE		
	Signature, typed or printed name of registered agent		<u> </u>	nt signature require	ADDITIONS/CHANGES TO OF		ID DIDECT	2DS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF	FICENS AN	Change	Addition
TITLE	PVSD		1					
NAME	NOLAN, KEVIN		1.2 NAME	ĺ				
STREET ADDRESS	•			TADDRESS				
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-5	T-ZIP				□ Addition
TITLE		DELETE	2.1 TITLE				☐ Change	Addition Addition
NAME			22 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	İ				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP	}		5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME		<del>-</del> :	6.2 NAME					
			1	T ADDRESS				
STREET ADDRESS			6.4 C/TY-5	1				
CITY OF 7ID								

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 attagrament with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-686-5714