

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

**FILED**  
**Jun 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P95000053306 (8)**  
 1. Corporation Name: **NIGHT OWL LANDSCAPING, INC. 58306**



Principal Place of Business: ~~3655 BARKIS AVE BOYNTON BEACH FL 33438~~  
 Mailing Address: ~~3655 BARKIS AVE BOYNTON BEACH FL 33438~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **632 ALLEN AVE**  
 Suite, Apt #, etc.  
 22 **APT #3**  
 City & State  
 23 **DEIRAY BEACH FL**  
 Zip Country  
 24 **33483** 25 **PALM BEACH**

2a. Mailing Address  
 26 **632 ALLEN AVE**  
 Suite, Apt #, etc.  
 27 **APT #3**  
 City & State  
 28 **DEIRAY BEACH FL**  
 Zip Country  
 29 **33483** 30 **PALM BEACH**

3. Date Incorporated or Qualified  
**07/28/1995**

4. FEI Number  
**65-0597275**

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

6. Election Campaign Financing Trust Fund Contribution  **\$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

9. Name and Address of Current Registered Agent  
**REYNOLDS, BETTY**  
~~3655 BARKIS AVE~~  
**BOYNTON BEACH FL 33438**

10. Name and Address of New Registered Agent  
 81 Name **JAMEY REYNOLDS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**632 ALLEN AVE APT 3**  
 83  
 84 City **DEIRAY BEACH** FL 85 Zip Code **33483**

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 *Jamey Reynolds* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>REYNOLDS, BETTY</del>	
STREET ADDRESS	<del>3655 BARKIS AVE</del>	
CITY-ST-ZIP	<del>BOYNTON BEACH FL 33438</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JAMEY REYNOLDS</b>	
1.3 STREET ADDRESS	<b>632 ALLEN AVE APT 3</b>	
1.4 CITY-ST-ZIP	<b>DEIRAY BEACH FL 33483</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>600002570056</b>	
6.4 CITY-ST-ZIP	<b>06/23/99 01087-034</b>	
	<b>***150.00</b>	

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 *Jamey Reynolds* 721-2778

CR2E034 (10/97)