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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083547 (6)

TWK LANDSCAPING, INC.

Principal Place of Business Mailing Address 2499 OLD LAKE MARY RD 2499 OLD LAKE MARY RD LAKE MARY FL 32771 8TE. 140 DO NOT WRITE IN THIS SPACE SANFORD FL 32771 3. Date Incorporated or Qualified 10/30/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2499 OID Laike Many Rd. 59-3293348 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Some fond Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 25 Seminoly Yes Personal Property Tax due June 30. 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KATANICH, JEFF W 2840 COPPER RIDGE COURT Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32748 83 84 Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or pointed hame of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME KATANICH, JEFF W 1.2 NAME 2840 COPPER RIDGE COURT STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition TITLE Kalmich, gott w 2499, 010 calle mary ild. Soito 140 2.1 TITLE 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS Soutud Pl. 32771 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change ___ Addition 5.1 THILE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-S1-ZIP CITY-ST-ZIP

DELETE

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

FILED May 15 1998 8:00am Secretary of State



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 printed properties the and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recover or trustee expowered to execute his Teport as required by Chapter 607, Florida Statutes; and that my name appears in

☐ Change

Addition

officer or director of the corporation or the reco Block 12 or Block 13 if changed, or on an attack

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP