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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083547

1. Corporation Name

Principal Place of Business

JWK LANDSCAPING, INC.

2499 OLD LAKE STE 140 SANFORD FL 3 US		2999 OLD LAKE MARY RD STE 140 SANFORD FL 32771 US			DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 10/30/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	├ ── ├	pplied For
21 2499 OIDLANG MARY RE- 28 SAME					<u>59-3293348</u>	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required \$8.75 Additional Fee Required		
City & State	Stand Fl.	City & State		•	6. Election Campaign Financing Trust Fund Contribution	•	May Be I to Fees
Zip 24 327 9	Country 25 U-5 A.	Zip 3	Country	' 	This corporation owes the current year Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Registered Agent		,	10. Name and Address of New Registere	d Agent	
	ANICH, JEFF W		81		Address (P.O. Box Number is Not Acceptable)		
	Copper Ridge Court Mary FL 32746		83		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					• _ • '	<u> </u>	
			84		F	L	Code
office or re agent. I as	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida, Such change was aut tions of, Section 607.0505, Florid	norized by da Statutes	tne corp	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the purpose of the purpos	ointment as n	s registered egistered
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	nt signature	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	0 OFFICERS AF	DELETE	1.1 TITLE		ADDITIONAL TO STATE OF THE STAT	Change	
TITLE	KATANICH, JEFF W	C) DECETE	1.2 NAME				
NAME		T 140	L	×	<u> </u>		1
STREET ADDRESS	2499 OLD LAKE MARY RD, ST SANFORD FL 32771	E 140	•	T ADDRESS			
CITY-ST-ZIP	SANFUND FL 32771	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP		Change	Addition
TITLE		□ pere≀e	1				
NAME			2.2 NAME		,		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Operate	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			[_] Criange	L Addition
NAME (3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
City-st-zip			3.4 CITY-	ST-ZIP			- Addising
TITLE		☐ DELETE	4 1 TITLE			Change	Addition
NAME			4.2 NAME	-			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS	3		
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS	3		

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 applied 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 exacute 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 attactment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR