

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-10-1999 90267 034 ***150.00

DOCUMENT # P96000001472

1. Corporation Name

DOBLER LANDSCAPE SERVICES, INC.

Principal Place of Business

1630 HERCULES AVENUE
UNITS H & I
CLEARWATER FL 34625

Mailing Address

P.O. BOX 961
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1996

4. FEI Number

59-3354150

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 New zip code 33765

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILLOTSON, DANIEL E
1630 HERCULES AVENUE
UNITS H & I
CLEARWATER FL 34625

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

S
NAME DOBLER, LAURIE T
STREET ADDRESS 101 LOTUS CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

T
NAME OGLE, JULIE T
STREET ADDRESS 204 NESTLEBRANCH DRIVE
CITY-ST-ZIP SAFETY HARBOR FL 34695

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

EVP
NAME TILLOTSON, VIRGINIA
STREET ADDRESS 4037 EAGLE E EAGLE COVE DRIVE
CITY-ST-ZIP PALM HARBOR FL 34625

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE ☐ DELETE

P
NAME DOBLER, KENNETH R
STREET ADDRESS 101 LOTUS CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME DOBLER, LAURIE T
STREET ADDRESS 101 LOTUS CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

1.5 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

EVP
Virginia Tillotson
1635 Sand Key Estates Court
Clearwater, FL 33767

C
Daniel E. Tillotson
1635 Sand Key Estates Court
Clearwater, FL 33767

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, with all other like empowered.

SIGNATURE:

Julie T. Ogle

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-26-99 (727) 441-1899

Date

Daytime Phone #

CR2E034 (1/98)

0498818