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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600001932

1. Corporation Name

FLORIDA GARDENS & LANDSCAPE OF OSPREY, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90032 047 ***150.00



rincipal Place of Business	. Mailing Address			45
O BOX 354	P O BOX 354		•	' .
SPREY FL 34229	OSPREY FL 34229		DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualifed	
			01/02/1996	
	2a. Mailing Address		4. FEI Number	Applied For
. Principal Place of Business	 		65-0651776	Not Applicable
	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
·	City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	-		Trust Fund Contribution	Added to Fees
		Country	8. This corporation owes the current year	r Intangible '
Zip Country	— <u> </u>	30	Personal Property Tax.	Y Yes LINO
25	L3	1	10. Name and Address of New Register	red Agent
9. Name and Address	of Current Registered Agent	81 Name	•	,
DANIEL OPENIET	ಪತ್ರ್ಯಾಕಿ ಜ್ವರ್ ಸ್ವಾಕ್ ಸ್ಕ್ರೀಸ್ ಕ್ರೀಕ್ ಕೆ ಸ್ಟರ್ಗೆ ಸ		Address (P.O. Box Number is Not Acceptable)	
DANIEL PREWETT	BURRY OF GUIRF LEAD	82 Street A	Address (P.U. Dux Mulliber is Not Acceptable)	<u> </u>
5777 BONEVA RD. S.	ı	83	· · · · · · · · · · · · · · · · · · ·	
SARASOTA FL 34233		<u> </u>	1 2 新型制度 電影 L 紅 養財 美国 美国	85 Zip Code
	•	84 City	,, ; ; ; ;	
				e of changing its registered
office or registered agent, or both, in agent. I am familiar with, and accept	t the obligations of, Section 607.0505, Flori	ida Statutes.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	
SIGNATURE Stoneture typed or printed name of	registered agent and title if applicable. (NOTE:	Registered Agent signature r	DAT	S AND DIRECTORS IN 12
SigNATURE Standard by ped or printed name of	registered agent and title if applicable. (NOTE: FICERS AND DIRECTORS	Registered Agent signature r	equired when reinstating) 1/2/3/1/ DAT ADDITIONS/CHANGES TO OFFICER	'E
SIGNATURE Signature, typed or printed name of 12. OFF	registered agent and title if applicable. (NOTE:	Registered Agent signature r 13. 1.1 TITLE	DAT	S AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of 12. OFF TITLE PVST NAME WEBSTER, KITTY L	registered agent and title if applicable. (NOTE: FICERS AND DIRECTORS	Registered Agent signature r 13. 1.1 TITLE 1.2 NAME	equired when reinstating) 1/2/3/1/ DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
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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.