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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000009534 (4) DOCUMENT #

PARADISE LANDSCAPE MAINTENANCE, INC.

Principal Place of Business

5305 27TH ST SW LEHIGH ACRES FL 33971 Mailing Address

5305 27TH ST SW

## **FILED** Jan 30 1998 8:00am Secretary of State



LEHIGH ACRES FL 33971 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 6900-29 65-0642187 SHANNON OBLE 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required MYENS City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes\_ □ No 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ERICKSON, JON C ルエCくSW〜 5305 27TH STREET SW Street Address (P.O. Box Number is Not Acceptable LEHIGH ACRES FL 33971 MYERS 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. 2077 ERICKSON SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE ENECKSON, 3 C ERICKSON, J C 1.2 NAME NAME 5 HANNO-5305 27TH STREET SW STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL 33971 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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. ICHATHRE REQUESTED C