## 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

## DOCUMENT # P96000016194

RENFROE LANDSCAPE SERVICES, INC.

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6520	DANIE	LS RO	DAC
NAPI	ES EL	3410	g .

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90093 016 \*\*\*150.00



Principal Place	of Business	M	ailing Address				]	1100		19 81111 81	JILY 88161 881	************	1818 81181	19819 19		
520 DANIELS ROAD 6520 DANIELS ROAD NAPLES FL 34109 NAPLES FL 34109							D	O NOT	WRITE IN	N THIS !	SPACE					
								Date Inc	orporated 1996	or Qua	lifed					
2. Principal Pl	ace of Business	2a.	. Mailing Address				4.	FEI Num	ber					App	lied For	
1		26						65-065	9708					Not	Applicable	
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.				1		of Statu	s Desire	ed 🗆	J		<b>75</b> Ad e Req	dditional . uired	
City & State	9	28	City & State				1 -		Campaigr		cing 🗀	]		.00 M	lay Be Fees	
Zip	Country 25	29	Zip 30	Count	try				oration o		current y		angible □ Yes	Į	No	
*1	9. Name and Address of Curre			1	_		10.	Name a	nd Addre	ss of N	ew Regis	stered A	\gent			
RENFROE, EDWARD 6520 DANIELS ROAD NAPLES FL 34109			1	81 82 83	Street Address (P.O. Box Number is Not Acceptable)											
				1	84	City				•		FL	85	Zip Co	ode	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Flori	da. Such change was auth	orized b	bv t	the corporation	ration n's bo	submits ard of dir	this state ectors. I h	ment fo nereby a	r the purp accept the	ose of o	changin itment a	g its regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered ag-		W-NLI- MOTE DA			t signature required	when re	inetation)				DATE				
12.	Signature, typed or printed name of registered age OFFICERS A			13.	gen	signatura required			IS/CHAN	GES TO	O OFFICE		D DIRE	CTOF	RS IN 12	•
TITLE	D	אוט טוגנ	□ DELETE		TITLE N								[ ] Cha		Addition	•
ŀ	•			1.2 NAM	-	150	Lak	50	A'se	25	vin		_	•		
NAME	RENFROE, EDWARD				-	ADDRESS 5	011	144h	A've	5.	ù.					
STREET ADDRESS	6520 DANIELS ROAD					ALURESS N	٠.	1/6	FL	. 3	4116	6				
CITY-ST-ZIP	NAPLES FL 33999		DELETE	1.4 CITY 2.1 TITL	_	-ZIP	4		· · ·				Cha	inge	Addition	٠
TITLE	D		Moercie													
NAME	RENFROE, BETH			2.2 NAM	Æ	1										

6520 DANIELS ROAD 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: 5/4

A. RENFROX

1/20/99 941-