## 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

## Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90099 014 \*\*\*150.00

## DOCUMENT # P96000018092

1. Corporation Name

GREENT	HUMB LANDSCAPING OF TH	HE KEYS, INC.					
Principal Place	e of Business	Mailing Address	,			80(8) IIOOI IOIXI 88IIO	
P.O. BOX 921 P.O. BOX 921 LONG KEY FL 33001-0921 LONG KEY FL 33001-0921					DO NOT WRITE IN	THIS SPACE	
	,				3. Date Incorporated or Qualifed 02/27/1996		
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 65-0644904	h	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27.					5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	7 1
Zip 24	Country Zip Cou			,	This corporation owes the current year     Personal Property Tax.	ar Intangible	MNo
24	9. Name and Address of Current I		<u> </u>		10. Name and Address of New Registe		
9, Haille allu Addiess of Current Registered Agent				Name			
MCFARLANDM, MCFARLAND & ASSOCIATES, INC. 83266 OVERSEAS HIGHWAY ISLAMORADA FL 33036			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	City		FL 85 Zip C	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of in familiar with, and accept the obligatio	and 607.1508, Florida Statutes Florida. Such change was autl ns of, Section 607.0505, Florid	, the above norized by la Statutes	e-named corporation	oration submits this statement for the purpor on's board of directors. I hereby accept the a	se of changing its ppointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a				d when reinstating) DA1		
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PTD DELETE 1.1		1.1 TITLE			☐ Change	Addition
NAME	FORTIER, GERALD P		1.2 NAME	1			1
STREET ADDRESS	118 JAMAICA STREET		1.3 STREE	ADDRESS			
CITY-ST-ZIP	2.1014 1/EV EV 24454		1.4 CITY-S	T-ZIP			
TITLE			2.1 TTTLE			☐ Change	☐ Addition
NAME			2.2 NAME				J
STREET ADDRESS			2.3 STREET ADDRESS		•		Ì
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP		~	
TITLE			3.1 TITLE			Change	☐ Addition
NAME	3.2		3.2 NAME				
STREET ADDRESS	3.3 \$		3.3 STREET	TADDRESS			
CITY-ST-ZIP	<b>_</b>		3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				į
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY-ST-ZIP			4.4 CITY-S	1			1
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				İ
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-S	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

2890837

☐ Change

[]] Addition