

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019462 (6)
1. Corporation Name

TREASURE COAST IRRIGATION AND LANDSCAPE, INC.



Principal Place of Business

Mailing Address

11240 SE FEDERAL HIGHWAY
HOBE SOUND FL 33455

P.O. BOX 250
HOBE SOUND FL 33475-0250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0657022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAY, SCOTT
2617 SE DELMAR STREET
STUART FL 34997

81 Name

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

11240 SE Federal Hwy

83

84 City

Hobe Sound

FL

85

Zip Code

33455

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

Scott Fay, President

4-9-98

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

1.1 TITLE ☒ Change ☐ Addition

NAME
FAY, SCOTT
STREET ADDRESS
2617 SE DELMAR STREET
CITY-ST-ZIP
STUART FL 34997

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
11240 SE Federal Hwy
Hobe Sound, FL 33455

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
FAY, KELLY
STREET ADDRESS
2617 SE DELMAR STREET
CITY-ST-ZIP
STUART FL 34997

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
11240 SE Federal Hwy
Hobe Sound, FL 33455

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
LAWRENCE, GREG
STREET ADDRESS
2617 SE DELMAR STREET
CITY-ST-ZIP
STUART FL 34997

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
11240 SE Federal Hwy
Hobe Sound, FL 33455

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE _____ Date _____

CR2E034 (10/97)