Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90022 017 ***150.00

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 # P9600033240

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

PERTZ LANDSCAPING CORP.

	,				
Principal Place	e of Business	Mailing Address	_		188 ilima litta tiatt arast sam ino.
2019 FOSGATE DR. 2019 FOSGATE DR.					
WINTER PARK FL 32789 WINTER PARK FL 32789				BO NOT IMPITE IN T	#0.004.0F
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	í
			***	04/15/1996 4. FEI Number	Applied For
—	lace of Business	2a. Mailing Address		59-3371227	- Not Applicable
21	44 - 4 -	26 Suite, Apt. #, etc.		39 331 1221	\$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State	Α	City & State	118	6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution.	Added to Fees
ادع <u>:</u> Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	¬ ·	Personal Property Tax.	Yes □No
	9, Name and Address of Curren		1	10. Name and Address of New Register	ed Agent
			81	-doc T Douts	
WILS	SON, GORDON E.		82 Street	Address (PlO. Box Notaber is Not Acceptable)	
1626 ALGONOUIN TR			oz sileet	9 Fosgate Dr.	
MAIT	LAND FL 32751		83	1 2 20	
1			04 00		asi Zin Code
			84 £ity		L 85 Zip Code 9
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					
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. Lam familiar vitin, and accept the obligations of, Section 607.0505, Florida Statutes.					
		20113 61, 60011011 601 10000, 110112		4-11	- 9 9
SIGNATURE	Signature, type or printed name of registered alter	nt and title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	XI DELETE	1.1 TITLE	DITAL	☐ Change Addition
NAME	OGDEN, WENDY		1.2 NAME	Douglas J. Revt2	
STREET ADDRESS	2019 FOSGATE DR.		1.3 STREET ADDRESS	2019, Fosquite pri	H 00
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY+ST-ZIP	Winter Perk, H. SZ	<u> 187 </u>
TITLE		☐ DELETE	2.1 TITLE	ŕ	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	1		2.3 STREET ADDRESS		:
CITY-ST-ZIP	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	م مصنفست سے بات	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	•		4, 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	1		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	7	☐ Change ☐ Addition
NAME			6.2 NAME		

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP