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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

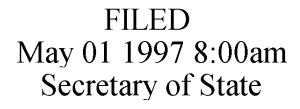
DOCUMENT # P96000084941 (9)

METICULOUS LAND MANAGEMENT, INC.

Principal Place of Business

Mailing Address

12812 MILLRIDGE FOREST TAMPA FL 33624 12812 MILLRIDGE FOREST TAMPA FL 33624-4003





TAMPA PL 336	4	1AMPA FL 33024-9003							
						3. Date Incorporated or Qualified 10/15/1996	3a. Da	ite of Lasi F	Region
	ace of Business	28. Mailing Address			4. FEI Number		A	pplied For	
21		26			59-3428426		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional lequired	
City & Stat 23	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for in	ntangible		
24	25	29	30				Yes [). 100.002 ₁
	9. Name and Address of Current	Registered Agent		I		10. Name and Address of New Reg	gistered	\gent	
BLACK, ANTHONY K ESQ.				81 Name					
BLAC	CK & JUNG, P.A.	82 Stre			Street Adv	dress (P.O. Box Number is Not Acceptab	le)		
	S. ASHLEY DRIVE, SUITE 1240				or or Address (1.0. box Harriber is Not Acceptable)				
TAM	PA FL 33602			83					
٠,				84	City			85 Zip	Code
	A-41-	1007 (600 6)		<u> </u>	L		<u> </u>	<u> </u>	
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State α im familiar with, and accept the obligat	of Horida. Such chance was	s authorize	ed be	z the corpor:	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of It the app	changing i pintment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OIE Registere	ud Age	ait signature req	uireo when reinstating)	DAJE	·	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	PSD	☐ DELETE	1,1 T	TLF				Change	Addition
NAME	ARIANO, RICHARD		1,2 N	AME					
STREET ADDRESS			1.3 \$	1.3 STREET ADORESS					
CITY-ST-ZIP	TAMPA FL 33624				1-2IP				
TITLE	VTD	□ DELETE	DELETE 211					Change	Addition
NAME	FARRAR, MICHAEL	2.2 N		IAME					
STREET ADDRESS	10502 CHAMBERS DRIVE		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33626			2. 4 CITY- \$1-ZIP					
TITLE		DELETE	3 1 T	(1LE				Change	Addition
NAME			3.2 ₺	IAME				,	10% . N
STREET ADDRESS			3.3 \$	TREET	ADDRESS			-	1 10/10
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				S1 - ZIP		_ · _ · .		<u> </u>
TITLE		☐ DELFTE	4.11	HLE				Change	A) Addition
NAME				NAME					-
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP		The second		IIY-S	T-ZIP				
TITLE		☐ DELETE	5.1 T					☐ Change	Addition
NAME			5.2 N			90000216 -05/06/970104	71	79	
STREET ADDRESS			53 S	TREFT	ADDRESS		204	10	
CITY-ST-ZIP		T 55:5		HY-S	1 - ZIP	***165.00			
TITLE		☐ DELETE	611					Change	Addition
NAME			62 N						
STREET ADDRESS			63S	TREET	ADDRESS				
CITY-ST-ZIP			640	IIY-S	T-ZIP				

14. I do 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 Playloyd, or on an attachment with an address.