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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000086156 (2)

PALMS LANDSCAPING AND MAINTENANCE. INC.

Principal Place of Business Mailing Address 6 TURTLE CREEK DRIVE 6 TURTLE CREEK DRIVE **TEQUESTA FL 33489** TEQUESTA FL 33469-1554 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996 Applied For 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 65-0703720 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 29 Florida Statutes Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RIVERS, JODY **6 TURTLE CREEK DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **TEQUESTA FL 33469** 83 84 City Zip Code 85 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 Signature, typed or printed name of registerud agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition THEE 11 TITLE PRESIDENT Joby Rivers 1.2 NAME NAME 6 THEY LE CREEK DRIVE STREET ADDRESS 1.3 STREET ADDRESS TEQUESTA, FL 33469 CITY - ST- 7IP 1.4 City - St - ZIP DELETE 2.1 TITLE Change Addition TOTLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 City - ST- Zip CITY: \$1-ZIE DELETE Addition Change 31 TITLE TiTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 3.4. CHTY - ST- ZIP DELETE Change 4.1 TITLE Addition THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-SI-76 DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 7IP DELETE 6.1 TITLE ☐ Change \_\_\_ Addition 10116 6.2 NAME NAME

**6.3 STREET ADDRESS** 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 eath, 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

SIGNATURE:

appears in Block 12 or Block 13 if changed

STREET ADDRESS

Comes HOURED URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or on an attachment with an address.

**FILED** 

Apr 08 1997 8:00am

Secretary of State

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