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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90081 050 ***150.00

1999

DOCUMENT # **P96000101752**

EARTHWISE LANDSCAPES INC.

Principal	Place	of	Business



Mailing Address 7649 SANDSTONE 7649 SANDSTONE NAVARRE FL 32566 NAVARRE FL 32566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/16/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Sandstone St. 59-3416798 Not Applicable 667 \$8.75 Additional 5. Certifcate of Status Desired Navacce Fee Required Vavalle City & State Election Campaign Financing \$5.00. May. Be. Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Yes □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUGHSON, LISA J Street Address (P.O. Box Number is Not Acceptable) 82 7649 SANDSTONE RD NAVARRE FL 32566 83 Zip Code 84 85 City 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** anent and title if applicable (NOTE: Registered Agent signature require CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE HUGHSON, LISA lughson, Lisa 7667 Sandstone St NAME 7649 SANDSTONE RD 1.3 STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE HUGHSON, CHARLES E 2.2 NAME NAME tughson, chartes E 7667 Sandstone St 7649 SANDSTONE RD 2.3 STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE **BOWERS, THOMAS** 3.2 NAME NAME 145 LINSTEW 3.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change ☐ Addition TTTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-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 chapted, or on an attachment with an address, with all other like empowered.