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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000001767 (7)

ELLEN THOMAS LANDSCAPING, INC.

FILED Apr 24 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address		
1813 S.E. 18	ST STREET	1813 S.E. 1ST S	TREET	
CAPE CORA		CAPE CORAL FL		DO NOT HOUTE WET 100 004 00
				DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualified
2. Principal I	Place of Business	2a. Mailing Addre	ess	01/02/1997 4. FEI Number Applied For
21	-	26		65-0721155 Not Applicable
Suite, Apt	t. #, etc	Suite, Apt. #,	etc.	\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Sta	nte	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
 	9. Name and Address of Co	urrent Registered Agent		10. Name and Address of New Registered Agent
	avis, ellen j		81 N	Name
	313 S.E. 1ST STREET		82 St	Street Address (P.O. Box Number is Not Acceptable)
C/	APE CORAL FL 33990			
			83	
			84 C	City 85 Zip Code
44 8				 -1_ '
office or	i to the provisions of Sections 607 registered agent, or both, in the 9	r.u502 and 607.1508, Florid. State of Florida. Such chanc	a Statutes, the above-na je was authorized by the	named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered
agent. Le	am familiar with, and accept the d	obligations of, Section 607.0	505, Florida Statutes.	
SIGNATURE				
12.	Signature, typed or printed name of registers OFFICERS	ed agent and little if applicable	(NOTE: Registered Agent sig	signature required when reinstating) DATE ADDITIONS (CHANCES TO OFFICIERS AND DIRECTORS IN 40
TITLE	D	DEL		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	DAVIS, ELLEN J		1.2 NAME	- Change - Adollion
STREET ADORESS	1813 S.E. 1ST STREET		1.3 STREET ADDI	nnacee
CITY-ST-ZIP	CAPE CORAL FL 33990		1.4 CITY-ST-ZIF	
TITLE	Orac correctic door	☐ DEL		· · · · · · · · · · · · · · · · · · ·
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CITY-ST-ZIP			22 NAME	
			2.3 STREET ADDR	ODRESS
TITLE		DEL	2.3 STREET ADDR 2.4 CITY-ST-ZII	idress Zip
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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.

4-19-98

941-574-1149