

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90084 040 ***158.75

DOCUMENT # P97000005243

1. Corporation Name

EVERGREEN LANDSCAPING & IRRIGATION, INC.



Principal Place of Business

13327 W NEWBERRY RD
NEWBERRY FL 32669
US

Mailing Address

13327 W NEWBERRY RD
NEWBERRY FL 32669
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

59-3424331

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 15207 West Newberry Road

2a. Mailing Address

26 P. O. Box 130

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Newberry, Florida

City & State

28 Newberry, Florida

Zip Country

24 32669 25 U.S.A.

Zip Country

29 32669-0130 30 U.S.A.

9. Name and Address of Current Registered Agent

GREEN, JUSTIN D
13327 W NEWBERRY RD
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name

Green, Justin D.

82 Street Address (P.O. Box Number is Not Acceptable)

15207 West Newberry Road

83

84 City
Newberry

FL

85 Zip Code
32669

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

Justin D. Green, President

April 28, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
GREEN, JUSTIN D
4901 NW 75TH LN
GAINESVILLE FL 32653

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

ST
SEAY, TROY F
7824 NW 53RD WAY
GAINESVILLE FL 32653

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Justin D. Green, President 4/28/99 352-332-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)