

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 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90167 022 \*\*\*158.75

**DOCUMENT # P97000006463**

1. Corporation Name

**THE SOUTHERN GARDEN LANDSCAPE COMPANY**



Principal Place of Business

1315 S HOWARD AVE  
STE 202  
TAMPA FL 33606  
US

Mailing Address

1315 S HOWARD AVE  
STE 202  
TAMPA FL 33606  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

59-3439879

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 **3012 W. Estrella St.**

Suite, Apt. #, etc.

22 **Suite 101**

City & State

23 **Tampa FL**

Zip

24 **33629**

Country

25 **USA**

2a. Mailing Address

26 **3012 W. Estrella St.**

Suite, Apt. #, etc.

27 **Suite 101**

City & State

28 **Tampa, FL**

Zip

29 **33629**

Country

30 **USA**

9. Name and Address of Current Registered Agent

CONNER, DAVID  
1200 E IDLEWILD AVE  
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name **Conner, David**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15008 Hutchinson Rd**  
83  
84 City **Tampa** FL 85 Zip Code **33625**

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 registered agent and title if applicable.

**David Conner**

(NOTE: Registered Agent signature required when reinstating)

**4-30-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D CONNER, DAVID R**  
STREET ADDRESS **1200 E IDLEWILD AVE**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ DELETE  
NAME **D CONNER, CYNTHIA R**  
STREET ADDRESS **1200 E IDLEWILD AVE**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ DELETE  
NAME **D CONNER, JAMES A L**  
STREET ADDRESS **15008 HUTCHINSON RD**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Conner, David R**  
1.3 STREET ADDRESS **15008 Hutchinson Rd.**  
1.4 CITY-ST-ZIP **Tampa, FL 33625**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Conner, Cynthia R**  
2.3 STREET ADDRESS **15008 Hutchinson Rd**  
2.4 CITY-ST-ZIP **Tampa, FL 33625**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Conner** 4/30/99

Date

**(813) 258-1997**

Daytime Phone #

CR2E034 (11/98)