CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006681

1. Corporation Name

FLAMINGO LANDSCAPES, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90109 038 ***158.75



Principal Place of Business		Mailing Address	Mailing Address					
131 Sunset Beach Dr Venice Fl 34293		131 SUNSET BEACH DR VENICE FL 34293			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/17/1997		
2. Princip	al Place of Business	2a. Mailing Address	ling Address			4. FEI Number Applied	d For	
1	26					65-0736530 Not Ap	plicable	
Suite,	Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addit Fee Requir		
City &	State 'i +	City & State					\$5.00 May Be Added to Fees	
Žip	Country	Zip				8. This corporation owes the current year Intangible Personal Property Tax.	No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81 Name				
DAWSON, IRA C					Out of Alice (D.O. Day Newsbergie Nest Assentable)			
1	31 SUNSET BEACH DR		1			82 Street Address (P.O. Box Number is Not Acceptable)		
VENICE FL 34293				83				
				84	City	FL 85 Zip Code	Э	
office	uant to the provisions of Sections 607.0 or registered agent, or both, in the Sta t. I am familiar with, and accept the obli	te of Florida. Such change was a	authonzed	by	tne corpora	proration submits this statement for the purpose of changing its registron's board of directors. I hereby accept the appointment as registed	istered ered	
SIGNATU	RE							
· · · ·				Agen	it signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
12.			13.	1		1.2.2	Addition	
TITLE	P	☐ DELETE	1,1 TT	_				
NAME DAWSON, IRA C			1.2 NA	1.2 NAME				

131 SUNSET BEACH DR STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 1.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE DAWSON, JENNIFER S 2.2 NAME NAME 131 SUNSET BEACH DR 2.3 STREET ADDRESS STREET ADDRESS VENICE FL 34293 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME, 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-\$T-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 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 TITLE 6.2 NAME NAME B 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ¿

DAWSDIN