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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017756 (2)

GATLIN'S IRRIGATION AND LANDSCAPING INC

Principal Place of Business Mailing Address 2645 MILL RUN BLVD 2645 MILL RUN BLVD KISSIMMEE FL 34744 KISSIMMEE FL 34744 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3<u>443</u>57 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State 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 ear Intangible 24 Yes 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GATLIN. DANIEL 81 Name 2645 MILL RUN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34744 83 84 85 Zip Code 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, typed or printed name of registered agrict and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE Dec Treas Diecta 🗌 DELETE 1.1 TITLE Charge Addition NAME 1.2 NAME Daniel Gattina STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition TITLE Change 2.1 TITLE Director NAME **2.2 NAME** Connie Gattin

CITY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

14. Thereby certify that the information supplied with this filling 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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME

TITLE

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NAME

DELETE

DELETE

DELETE

(407)

Addition

Addition

Addition

☐ Change

Change

FILED

Mar 05 1998 8:00am

Secretary of State