## 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

P97000021969 (5) DOCUMENT #

LAWNSCAPERS LAND MANAGEMENT, INC.

## **FILED** May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								- 1 10031001 110 10111 10011 00111 30111 3		91 11919 19149 91:	110 (E)) 10 D)
4090 NE BREAKWATER DRIVE 4090 NE BREAKWATER I JENSEN BEACH FL 34958 JENSEN BEACH FL 3495											
SELECTED DEVOLLE CA200			JEMS	SENSEN BERON FE 54850			DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 03/11/1997			
	ncipal Place of B	Jusinoss	2a. Ma	ailing Address				4. FEI Number		_ \ A	plied For
21			26					65-0730633			ot Applicable
	te, Apt. #, etc.		-	iite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 City	y & State		27 Cd	City & State						equired	
	23			28			6. Election Campaign Financing Trust Fund Contribution	П		May Be	
Zip		Country		Zip Country				Trust Fund Contribution Added to Faes  8. This corporation owes or has paid the current fear Intangible			
24		25 29 30			30	Personal Property Tax due June 30. Yes No					
		me and Address of Curr	ent Registere	d Agent		<u> </u>		10. Name and Address of New Fi	egistered	Agent	
	BUCKMAN					81	Name				
4090 NE BREAKWATER DRIVE				<b>82</b> Stre			Street Addre	Address (P.O. Box Number is Not Acceptable)			
JENSEN BEACH FL 34958						B3					
						63					
						84	City		FL	85 Zip i	Code
11. Pu	ursuant to the pro	ovisions of Sections 607.0	502 and 607.1	1508, Florida Statu	utes, the al	bove bove	e-named corp	oration submits this statement for the		f changing it	s registered
off ao	fice or registration tent. I am <b>lett</b> er ia	I agent, or both, in the Sta wwith, and account the obli	te of Florida 3 ioations of Sc	Such change was ection 607 0505 F	authorized	d by	the corporation	oration submits this statement for the on's board of directors. I hereby according to the control of the contro	pt the app	ointment as	registered
SIGNA	/10///	aid brul	man		ionad Oldi			4/28/	18		i
		yped or printed dene of registered a	<u> </u>			d Agei	nt signature require	ed when reinstating)	DATE		
12.	2005		ND DIRECTO	PRS DELETE	13.	•••		ADDITIONS/CHANGES TO OFFI	CERS AND	P	
NAME		ident Buckman		□ vara	1.1 Til					☐ Change	Addition
STREET ADDRESS 400 NG BREAKNATE			TER DR	1.2 NA			ADDRESS				
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****	- ŽIP			DELETE	2.3 ST	TREFT				☐ Change	Addition
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STREET A	DORESS				2.3 ST 2.4 CI 3.1 111 3.2 NA 3.3 ST 3.4 CI	TREFT ATTLE  THE  THE  THE  THE  THE  THE  THE	ADDRESS				
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STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE	DORESS DORESS ZIP DORESS -ZIP DORESS			☐ DELETE	2.3 ST 2.4 CI 3.1 111 3.2 NA 3.3 ST 3.4 CI 4.1 117 4.2 NA 4.3 ST 5.1 711 5.2 NA 5.3 ST 6.1 111 6.2 NA	TREET / ITY-ST TLE AME TREET / TTY-ST TLE AME TREET / TY-ST TLE AME TY-ST TLE AME TY-ST TLE	ADDRESS IT-ZIP  ADDRESS IT-ZIP  ADDRESS IT-ZIP			Change	Addition

receby cornity 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 trusted 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, don an attachment with an address.