## 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

## DOCUMENT # P97000045323 (7)

EMERALD GREEN LAWN CARE WEST, INC.

Principal Place of Business Mailing Address  22055 US 19 NORTH 22055 US 19 NORTH CLEARWATER FL 33765 CLEARWATER FL 33765					· · · · · · · · · · · · · · · · · · ·				
						DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified  05/15/1997	SPACE		
2.	Principal Place of Business	2s. Mailing Address				4. FEI Number	Applied For		
21	21 26					59-3446275	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	City & State	_			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip Gountry 25	<i>Ζ</i> φ <b>29</b>	Co 30	untry		8. This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible Yes \[ \] No		
	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent				10. Name and Address of New Registered	Agent		
	MCINTOSH, EVAN 22055 US 19 NORTH CLEARWATER FL 33765			81	Name Street Addre	ess (P.O. Box Number is Not Acceptable)			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.

83 84

SIGNATURE	Signature Typed or printed manic of registered agent and title if a greenal	on (NOTE: B	paistoted Agent signalut	e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	ii. (dest.: ti	13.	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	OPERATIONS DIRECTOR	DELETE	1.1 DILE	KHOIRMAD.	☐ Change	Addition
NAME	EVAN MIZITUU)		1.2 NAME	PATHUL K. GOY	•	<b>'</b>
STREET ADDRESS	2522 SMOKENSOD LANG		1.3 STREET ADDRESS	5497 MILLBROUZ WAY		
	AXM 1201BUL FZ 34685		1.4 CITY - ST - ZIP	SY97 MILL BROWN WAY	<u>-</u>	
TITLE	MICISOLIZGUY - TRUBURUR	☐ DELETE	2.1 TITLE		Change	Addition
NAME	110 STATE NO 419 SUITE 108		2.2 NAME			
STREET ADDRESS	WATER SPRINGS FZ 32708		2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE	GOLDED BOLKSOW -SURREMMY	DELETE	3 1 TITLE	]	Change	Addition
NAME	110 STATE MADO 419 JUITE 108		3.2 NAME			
STREET ADDRESS	WINTER STUNGS FL 32708		3.3 STREET ADDRESS	1		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	)		
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME	ĺ		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$T - ZIP			
TATLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS		_	6.3 STREET ADDRESS	1		
CITY - \$1 - ZIP	The state of the s	22 22 24 24 424	6.4 CITY-ST-ZIP	and in Continue 440 07/04/3) Florida Canada a 14		

4. Thereby 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 upport is rule 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 occupration or the occurry of present of the occurry of the composition or the occurry of present of the occurry of the occur

SIGNATURE:

Prome K.C.

4/27/58

2/3-543-5032

**FILED** 

Jun 01 1998 8:00am

Secretary of State