

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90039 041 ***150.00

DOCUMENT # P97000045323

1. Corporation Name

EMERALD GREEN LAWN CARE WEST, INC.

Principal Place of Business

22055 US 19 NORTH
CLEARWATER FL 33765

Mailing Address

22055 US 19 NORTH
CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5497 MILLBROOK WAY

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 PALM HARBOR FL

Zip

Country

24

25

29

34685

30

USA

4. FEI Number

59-3446275

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

9. Name and Address of Current Registered Agent

MCINTOSH, EVAN
22055 US 19 NORTH
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81

Name EVAN MCINTOSH

82

Street Address (P.O. Box Number is Not Acceptable)
2522 SADDLEWOOD LANE

83

84

City PALM HARBOR

FL

85 Zip Code
34685

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

MCINTOSH, EVAN

STREET ADDRESS

2522 SADDLEWOOD LANE

CITY-ST-ZIP

PALM HARBOR FL 34685

TITLE

T

☐ DELETE

NAME

GUY, MICHAEL

STREET ADDRESS

110 STATE RD 419, STE 108

CITY-ST-ZIP

WINTER SPGS FL 32708

TITLE

S

☐ DELETE

NAME

JACKSON, GERALD

STREET ADDRESS

110 STATE RD 419, STE 108

CITY-ST-ZIP

WINTER SPGS FL 32708

TITLE

C

☐ DELETE

NAME

GUY, PATRICK K

STREET ADDRESS

5497 MILLBROOK WAY

CITY-ST-ZIP

PALM HARBOR FL 34685

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

Date

Daytime Phone #

1/13/99 727-943-8033

CR2E034 (1/98)