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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059381 (8)

1. Corporation Name
GULF BREEZE LAWN AND TREE CARE, INC.

Principal Place of Business
2787 GULF BREEZE PARKWAY STE C
GULF BREEZE FL 32561

Mailing Address
2787 GULF BREEZE PARKWAY STE C
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1997

2. Principal Place of Business
21 1635 College Parkway
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box
Suite, Apt. #, etc.

4. FEI Number
59-3454758
Applied For
Not Applicable

22 City & State
Gulf Breeze FL

27 City & State
Gulf Breeze FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip
32561

28 Zip
32561

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEHOE, MICHAEL
2787 GULF BREEZE PARKWAY STE C
GULF BREEZE FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KEHOE, MICHAEL
STREET ADDRESS 4365 CANTON COURT
CITY-ST-ZIP GULF BREEZE FL 32561

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME COOPER, ROGER
STREET ADDRESS 127 B CHIPLEY AVE
CITY-ST-ZIP PENSACOLA FL 32503

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: Michael Kehoe Michael Kehoe 4/10/98 (850)916-9244

CR2E034 (10/97)