Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90006 021 ***150.00

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

DOCUMENT # P97000094686

1. Corporation Name

GARY C	ox Lawn Sprinkler, In	.C.								
Principal Place	e of Business	Mailing Address						iin arin aana		10110 0111 1301
5840 NW 37TH AVE. COCONUT CREEK FL 33073 5840 NW 37TH AVE. COCONUT CREEK FL 33073										
00001101 0112	2.() 2 33013						DO NOT WRI	TE IN THIS	SPACE	
							Date Incorporated or Qualifed 11/03/1997			
2. Principal P	lace of Business	2a. Mailing Address				4.	El Number		Ap	plied For
21		26				(65-0809454		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. (Certifcate of Status Desired		\$8.75 A	
City & Stat	<u> </u>	City & State	_			-	Election Campaign Financing	·	\$5.00	May Re
23	•	28				1	Frust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intry			This corporation owes the cur	rent vear Int		******
24	25	29	30	•		1	Personal Property Tax.	,		□No
	9. Name and Address of Curi		1001				Name and Address of New	Registered	Agent	
	J. 112,112 (1.12)	<u> </u>		81	Name					<u> </u>
COX, GARY				L		(5)	5 5 N - L - S M-4 A A	ahia)		
5840 NW 37TH AVE.				82	2 Street Address (P.O. Box Number is Not Acceptable)					
COCONUT CREEK FL 33073				83						
								_		
					City	*				
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change wa	as autnorize	o by	tne corpora	rporation ition's boa	submits this statement for the ird of directors. I hereby acce	purpose of pt the appoi	changing its intment as re	registered gistered
SIGNATURE										
0.01.110112	Signature, typed or printed name of registered a		NOTE: Registere	d Ager	nt signature requi			DATE		
12.		AND DIRECTORS	13.		1	A	DDITIONS/CHANGES TO OF	FICERS A		RS IN 12
TITLE	D	☐ DELETE							☐ Change	LI Addition
NAME	COX, GARY		1.2 N	AME						
STREET ADDRESS	5840 NW 37TH AVE.		1.3 S	TREE	TADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL 33073			ITY-S	T-ZIP					
TITLE		☐ DELETE	E 2.1 T	TLE					Change	☐ Addition
NAME			2.2 N	AME						
STREET ADDRESS			2.3 8	TREE	T ADDRESS				•	
CITY-ST-ZIP				CITY-S	ST-ZIP				·	
TITLE		☐ DELETE	E 31T	ΠE			•		Change	☐ Addition
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S	TREE	TAODRESS					
CITY-ST-ZIP				CITY-5	ST-ZIP				<u></u>	
TITLE		☐ DELETE	E 4.1 T	MLE					☐ Change	☐ Addition
NAME	i		4.21	AME						
STREET ADDRESS			4.3 S	TREE	T ADDRESS					
CITY-ST-ZIP			440	ITY-S	T-ZIP					
TITLE		DELETE	E 5.1 T	ITLE					Change	☐ Addition
NAME			5 2 N	IAME						

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition