

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90230 009 \*\*\*158.75

DOCUMENT # P98000017854

1. Corporation Name

RELIABLE GARDENING SERVICES, INC.

Principal Place of Business

C/O M. SMOLARCZYK  
1862 TWIN LAKES DRIVE  
GOTHA FL 34734

Mailing Address

C/O M. SMOLARCZYK  
1862 TWIN LAKES DRIVE  
GOTHA FL 34734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

59-3492349

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

2. Principal Place of Business

21 1525 PICARDY CIRCLE

Suite, Apt. #, etc.

NIA

City & State

23 CLEARWATER FL

Zip

33755

Country

25 USA

2a. Mailing Address

26 1525 PICARDY CIRCLE

Suite, Apt. #, etc.

NIA

City & State

28 CLEARWATER FL

Zip

33755

Country

30 USA

9. Name and Address of Current Registered Agent

SMOLARCZYK, MONIKA M  
1862 TWIN LAKES DRIVE  
GOTHA FL 34734

10. Name and Address of New Registered Agent

81 Name

NIA

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

TITLE D  
NAME SMOLARCZYK, MONIKA M  
STREET ADDRESS 1862 TWIN LAKES DRIVE  
CITY-ST-ZIP GOTHA FL 34734

TITLE D  
NAME NEVITT, PAUL G  
STREET ADDRESS 1862 TWIN LAKES DRIVE  
CITY-ST-ZIP GOTHA FL 34734

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T  
1.2 NAME  
1.3 STREET ADDRESS 1525 PICARDY CIRCLE  
1.4 CITY-ST-ZIP CLEARWATER FL 33755

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1525 PICARDY CIRCLE  
2.4 CITY-ST-ZIP CLEARWATER FL 33755

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE: MONIKA M. SMOLARCZYK 4/20/99 (727) 446-1597  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)