


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90092 010 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|---|
| DOCUMENT # P98000027101 | | | |
| 1. Corporation Name G & R IRRIGATION, LANDSCAPING AND LAWN CARE, INC | | | |
| Principal Place of Business 28 MOORE AVE MERRITT ISLAND FL 32952 | | Mailing Address 28 MOORE AVE MERRITT ISLAND FL 32952 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 21 177.503 Banana River Drive | | 2a. Mailing Address 26 P.O. Box 540745 | |
| Suite, Apt. #, etc. 22 #197 | | Suite, Apt. #, etc. 27 | |
| City & State 23 Merritt Island, FL | | City & State 28 Merritt Island, FL | |
| Zip 24 32952 | | Zip 29 32954 | |
| Country 25 USA | | Country 30 USA | |
| 9. Name and Address of Current Registered Agent MINOT, MICHAEL S 319 RIVEREDGE BLVD, STE 218 COCOA FL 32922 | | 10. Name and Address of New Registered Agent 81 Name DAVID A. SUMNER 82 Street Address (P.O. Box Number is Not Acceptable) 16 CRYSTAL RIVER DRIVE 83 84 City COCOA BEACH, FL 85 Zip Code 32920 | |
| 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 <u>David A. Sumner</u> DAVID A. SUMNER PD 1-29-99 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 NAME STREET ADDRESS CITY-ST-ZIP | PD LATHAM, CLAUDE H JR. 38 MOORE AVE MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SUMNER, DAVID A 38 MOORE AVE MERRITT ISLAND FL 32952 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | PD SUMNER, DAVID A 16 CRYSTAL RIVER DRIVE COCOA BEACH, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD SUMNER, MARY 38 MOORE AVE MERRITT ISLAND FL 32952 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | TSD SUMNER, MARY J 16 CRYSTAL RIVER DRIVE COCOA BEACH, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Mary J Sumner **MARY J. SUMNER** 3-15-99 (407) 861-2345
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1198)