

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90045 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047372

1. Corporation Name

CUMBIE'S LAWN & LANDSCAPING, INC.

Principal Place of Business

**1919 HELMS AVENUE
LEESBURG FL 34748**

Mailing Address

**1919 HELMS AVENUE
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

59-3517783

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CUMBIE, ROBERT
1919 HELMS AVENUE
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **CUMBIE, ROBERT**
CITY-ST-ZIP **1919 HELMS AVENUE
LEESBURG FL 34748**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CUMBIE, LINDA**
CITY-ST-ZIP **1919 HELMS AVENUE
LEESBURG FL 34748**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Cumbie PTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99 352-7485296
Date Daytime Phone #

CR2E034 (11/98)

192734 - 90045-21
P98000047372

WE ARE WORKING HARD TO SERVE YOU BETTER! Effective 1/1/99, the Division of Workers' Compensation will decentralize the exemption process by staffing local district offices with examiners who can process your application and answer all your questions about exemptions.

If you need more information right away about the exemption process you may contact the **Division of Workers' Compensation in Tallahassee at (850) 488-2333**. After 1/1/99, you may also contact the workers' compensation compliance field office nearest your business location (local offices will not be staffed until 1/1/99).

Copies of forms and rules will soon be available from the workers' compensation compliance field office nearest your business location. **New exemption forms will be available after 12/15/98;** copies of any **new administrative rules promulgated by the Division of Workers' Compensation will be available after 1/1/99.**

WORKERS' COMPENSATION COMPLIANCE FIELD OFFICES

11700 SAN JOSE BLVD.
SUITE #3
JACKSONVILLE, FL 32223
TELEPHONE # (904)488-7991

2810 SHARER RD.
SUITE #27
TALLAHASSEE, FL 32312
TELEPHONE #(850)414-1237

4700 BAYOU BLVD
BLDG. 1-B
PENSACOLA, FL 32503
TELEPHONE #(850)494-7110

1415 EAST SUNRISE BLVD.
SUITE 604
FT. LAUDERDALE, FL 33304
TELEPHONE #(954)467-4610

9215 N. FLORIDA AVE.
SUITE 107
TAMPA, FL 33612
TELEPHONE #(813)930-7548

400 WEST ROBINSON ST
RM. 601 NORTH TOWER
ORLANDO, FL 32801
TELEPHONE #(407)245-0896

4503 NW 6TH ST
GAINESVILLE, FL 32609
TELEPHONE # (352)955-2018

1002 W 23RD ST
SUITE 230
PANAMA CITY, FL 32405
TELEPHONE #(850)747-5676

3111 SOUTH DIXIE HWY.
SUITE #123
WEST PALM BEACH, FL 33405
TELEPHONE #(561)837-5412

12381 S. CLEVELAND AVE.
SUITE 506, BARNETT BANK BLDG.
FT. MYERS, FL 33907
TELEPHONE #(941)278-7094

1718 MAIN ST.
SUITE 201
SARASOTA, FL 34236
TELEPHONE #(941)361-6022

401 NW AVENUE
SUITE 321-S
MIAMI, FL 33128
TELEPHONE #(305) 377-5385