

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90019 043 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

999.

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000061700 1. Corporation Name ROY'S LANDSCAPE/MAINTENANCE, INC.			
Principal Place of Business 1118 S.E. 5TH AVENUE CAPE CORAL FL 33990		Mailing Address 1118 S.E. 5TH AVENUE CAPE CORAL FL 33990	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 07/13/1998	
21	22	23	24
Suite, Apt. #, etc.	City & State	Zip	Country
25	26	27	28
Suite, Apt. #, etc.	City & State	Zip	Country
29	30	31	32
Suite, Apt. #, etc.	City & State	Zip	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RATHGEB, ROY 1118 S.E. 5TH AVENUE CAPE CORAL FL 33990		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <i>Roy Rathgeb</i>		DATE: _____	
NOTE: Registered Agent signature required when reinstating.		NOTE: Registered Agent signature required when reinstating.	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP	
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP	
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-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: _____		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<i>Roy Rathgeb</i> Roy Rathgeb - President		8/29/99	

CR2ED34 (5/99)