

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

07-28-1999 90013 005 \*\*\*150.00

DOCUMENT # **P98000074652**

1. Corporation Name

**FLIPSIDE LANDSCAPE SERVICES, INC.**

Principal Place of Business  
**1235 ADIRONDACK COURT  
APOPKA FL 32712**

Mailing Address  
**POST OFFICE BOX 1311  
APOPKA FL 32704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/01/1998**

4. FEI Number

**59-3529491**

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.

☒ Yes

☐ No

2. Principal Place of Business

**21 602 Savage CT**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Longwood FL**

City & State

**28**

Zip

**24 32750**

Country

**25 Seminole**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**GOFF, ANDREA H  
1235 ADIRONDACK COURT  
APOPKA FL 32712**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **GOFF, MICHAEL D**  
STREET ADDRESS **1235 ADIRONDACK COURT**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ DELETE

NAME **GOFF, ANDREA H**  
STREET ADDRESS **1235 ADIRONDACK COURT**  
CITY-ST-ZIP **APOPKA FL 32712**

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/99**

**407-880-7914**

Date

Daytime Phone #

CR2E034 (5/99)

**FlipSide  
Landscape  
Services, Inc.**

FlipSide Landscape Services,  
Inc.  
PO Box 1311  
Apopka, FL  
32704-1311

Phone: (407) 880-7914  
FAX: (407) 261-0999  
email:

P98000074652  
597513-90013-5

Tuesday, July 6, 1999

Division Of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee FL 32302-1500

RE: Document # P98000074652

To Whom It May Concern,

Our corporation just received a 2nd notice from your office for our annual corporate filing. Unfortunately, we never received any prior notice and are being charged a \$400 late fee.

I spoke to a woman this morning at your office who instructed me to only pay \$150, waiving the late charge and send this letter of explanation. She also informed me that we should receive our 1st notice in January or February each year. I have already marked my calendar so this does not happen again in 2000.

If you need any further information I can be reached at the phone number above.

— Sincerely,



Andrea Goff  
President