## 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

DAYTONA BEACH FL 32118

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## DOCUMENT # P98000091236

1. Corporation Name

DAYTONA BEACH FL 32118

Suite, Apt. #, etc.

City & State

21

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23

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Zip

2. Principal Place of Business

GARY'S LANDSCAPING INC.

Mailing Address Principal Place of Business **602 RIBAULT AVE** 602 RIBAULT AVE

Country

9. Name and Address of Current Registered Agent

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JENKINS, GARY H

## FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90028 050 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE			
3. Date incorporated or Qualifed			
10/26/1998			
4. FEI Number			Applied For
59-3540506			Not Applicable
5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the curre	ent year In	tangible	y[⅓No

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

602 RIBAULT AVE DAYTONA BEACH FL 32118 83 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.

Country

81 Name

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SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ( Addition DELETE 1.1 TITLE TITLE P.V.S.T 1.2 NAME NAME Jenkins, Gary H 1.3 STREET ADDRESS STREET ADDRESS 602 Ribault Ave 1.4 CITY-ST-ZIP CITY-ST-ZIP Daytona Bch F1 32118 Change Addition ☐ DELETE 2.1 7TTLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE , 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 51 TM F πιε 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 6.1 TITLE TITLE

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.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

G OFFICER OR DIRECTOR

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CR2E034 (11/98