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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000095929

Corporation Name

P & M LANDSCAPE AND GROWERS INC.

Principal Place of Business Mailing Address
23700 SW 162 AVENUE 23700 SW 162 AVENUE

## FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90081 016 \*\*\*150.00



MIAMI FL 33031 MIAMI FL 33031 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/10/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zin Zio This corporation owes the current year Intangible Personal Property Tax. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCGANN, GREGORY Street Address (P.O. Box Number is Not Acceptable) 23700 SW 162 AVENUE MIAMI FL 33031 83 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Elorida Statutes. MES 10GANN SIGNATURE nd title if appli ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE MCGANN, GREGORY F 1.2 NAME NAME 23700 SW 162 AVENUE STREET ADDRES 1.3 STREET ADDRESS MIAMI FL 33031 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE MCGANN, GREGORY V 2.2 NAME NAME 30605:SW=197=AVENUE STREET ADORESS 2.3 STREET ADDRESS **MIAMI FL 33030** CITY-ST-ZIF 2.4 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 . . . CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.1 TITLE 70 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRE COLINE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | 12-30 S8 3897646

22E034 (11/98)

**=** 731.0

**=** professor

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