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

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90175 026 ***150.00

DOCUMENT #	S04686
4 Corneration Name	00.000

Corporation Name

BAYSHO	RE LANDSCAPE & NURS	SERY IN	C.									
Principal Place	e of Business	Ma	ailing Address				7	i samilath ett mater atara mrint in		1801 81814 8484) 4	91 6 11 4 1411 1461	
P.O. BOX 430649 P.O. BOX 430649												
BIG PINE KEY FL 33043 BIG PINE KEY FL 33043								DO NOT WOITE IN THE COACE				
US	US						DO NOT WRITE IN THIS SPACE					
							1	Date Incorporated or Qualifed 09/20/1990			\	
2 Principal P	lace of Business	2a.	Mailing Address					FEI Number		Ap	plied For	
21	1000 01 200000	26	3					65-0224652		No	ot Applicable	
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.				1			\$8.75	Additional	
22	•	27					5.	Certifcate of Status Desired		Fee Re	equired	
City & State	e		City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution		Added t	to Fees	
Zip	Country		Zip	Cour	ntry		8.	This corporation owes the curr	rent year Inf		_	
24	25	29		30				Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Cur	rent Regis	tered Agent		1		10.	Name and Address of New I	Registered	Agent		
	TACANO DAVID				81	Name						
	ITAGANO, DAVID				82	Street Addre	ess (P.	O. Box Number is Not Accepta	able)			
	MARKER 27			ļ								
RAM	ROD KEY FL 33042				83							
				ļ	84	City			FL	85 Zip (Code	
	to the provisions of Sections 607.	0000 0	07 1500 Florido Statuto	o the ab		named corne	oration	submits this statement for the	numose of	changing its	registered	
office or r	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florid	ta. Such change was at	ITROUZEO	DV II	he corporation	n's bo	ard of directors, I flereby accep	pt trie appoi	munem as re	egistered	
					1			-	4 (3)		J	
SIGNATURE	W. Wortoe	and	Presid	deut	<u>t</u>			3.	1.9	7		
		agent and title	r applicable. Preside (NOTE:	dev Registered	<u>t</u>	signature required		einstating)	DATE		DRS IN 12	
12.	OFFICERS		Fresion (NOTE:	Registered /	Agent :	signature required		instating) ADDITIONS/CHANGES TO OF	DATE		DRS IN 12	
12.	OFFICERS PD		r applicable. Preside (NOTE:	Registered /	Agent :	signature required		einstating)	DATE	ND DIRECTO		
12. TITLE NAME	OFFICERS PD MONTAGANO, DAVID		Fresion (NOTE:	Registered / 13. 1.1 Titll 1.2 NAI	Agent :			einstating)	DATE	ND DIRECTO		
12. TITLE NAME STREET ADDRESS	PD MONTAGANO, DAVID M/M 27		Fresion (NOTE:	13. 1.1 T/// 1.2 NAI 1.3 STF	Agent :	ADDRESS		einstating)	DATE	ND DIRECTO		
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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 supplier ental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

David Moutagano

305-872-0291