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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13975 (5)

1. Corporation Name

ARMAS AND ISENHOWER LANDSCAPE ARCHITECTS AND LAND PLANNERS, INC.

Principal Place of Business

1101 SW ABINGDON AVE.
PORT ST. LUCIE FL 34953

Mailing Address

1101 SW ABINGDON AVE.
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1990

4. FEI Number

65-0260664

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

ISENHOWER, BILLY B.
1101 SW ABINGDON AVENUE
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

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

83 1544 OLE RD

84 City

WALTON

FL

85 Zip Code

32463

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

TITLE PSD
NAME ISENHOWER, BILLY B.
STREET ADDRESS PO BOX 8449 N/A
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE VTD
NAME ARMAS, GEORGE
STREET ADDRESS PO BOX 8449 N/A
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1344 BLSHAW
1.2 NAME 1544 OLE RD
1.3 STREET ADDRESS WALTON FL 32463
1.4 CITY-ST-ZIP

2.1 TITLE GEORGE ARMAS
2.2 NAME 1544 OLE RD
2.3 STREET ADDRESS WALTON FL 32463
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 in 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:

2.15.98 65-0260664

CR2E034 (10/97)