FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$33563

(5)

EVERGREEN LANDSCAPING, INC.

FILED	
Feb 18 1997 8:00an	1
Secretary of State	

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Principal Place of Business Mailing Address 853 VANDERBILT BEACH RD 853 VANDERBILT BEACH RD								
STE 350	2	STE 350	nois osnorrio			1		•
NAPLES FL 33963	_	naples fl	34108-8746					
	34108					 Date Incorporated or Qualified 02/21/1991 	3a. Date of L 02/07/19	
2. Principal Plac	e of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26				65-0248732		Not Applicable
Suite, Apt #,	etc	Suite, <i>i</i>	Apt. #, etc.			6. Certificate of Status Desired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.75 Additional ee Required
City & State		City &	State			6. Election Campaign Financing	\$5	5.00 May Be
23		28				Trust Fund Contribution		dded to Fees
Zip	Country	Zip	_	Country	y	8. This corporation has liability for in		ider s. 199.032,
24	25]	29		30	——————————————————————————————————————		Yes 🔲 No	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. Name and Address of Curre	ent Registered A	gent		Y	10. Name and Address of New Reg	istered Agent	
	N, ARLENE F. ESQ			81	Name			
		PELICAN	BAY BU	D 82	Street A	Address (P.O. Box Number is Not Acceptable	e)	· · · · · · · · · · · · · · · · · · ·
CUITE		E 206 A	f		1		,	
NAPLE	S FL 33040 -		•	83	i			
		እ	4108	84	City	· · · · · · · · · · · · · · · · · · ·	Torl	Zip Code
			•		1		FL 85	·
11. Pursuant to	the provisions of Sections 607.05	02 and 607, 1508	Florida Statutes	s, the abov	e-named	corporation submits this statement for the pu oration's board of directors. I hereby accept	rpose of chang	ging its registered
office of reg	istered agent, or both, in the Stat familiar with, and accept the obli	te of Florida. Such gations of, Section	n change was au n 607.0505. Flor	ithorized b ida Statute	y the corp	oration's board of directors. I hereby accept	the appointme	int as registered
SIGNATURE	ŕ							
	psature, typed or printed har diplined stered a	gent and little if applicab	to (NOTE:	Registered Ag	ent signature i	required when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE D			DELETE	1.1 TITLE			☐ Ch	
	CAROLLO, THOMAS			1.2 NAME		C	LITE 3	CO. "
	53 VANDERBILT BEACH RD			1.3 STREE	T ADDRESS			3 0
[0111 01 11	IAPLES FL			14 CITY-	ST-ZIP	2	34108	
TITLE D			☐ DELETE	21 TITLE				ange Addition
	Carollo, Theresa			22 NAME				
	53 VANDERBILT BEACH RD			23 STREE	r address	ح	WTE 3	20
CHTY-ST-ZIP N	Kaples fl			2. 4 CiTY-	ST-ZIP	1	34108	5
TOTALE			DELETE	3.1 TITLE			Ch	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STRFF	T ADDRESS			
CITY-ST-ZIP				3.4. CITY				
TITLE			DELETE	4.1 TITLE			☐ Ch	ange Addition
NAME				4. 2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				4.4 CITY - 1				
TITLE			DELETE	5.1 TITLE	21 - FII		☐ Ch	ange Addition
NAME				5.2 NAME			L., UI	
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP								
TITLE			DELETE	5.4 CITY - S 6.1 TITLE	21 - YIL		Ch	ange Addition
1			ELF PELLIL				L UI	ange LJ Auguron
NAME SIDEET ADODE OF				6.2 NAME				
STREET ADDRESS					ADDRESS			
CITY ST-ZIP	and that the left			6.4 CITY - S	ST-ZIP			

I do 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: