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

Mailing Address

NAPLES FL 33963

STE 350

853 VANDERBILT BEACH RD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$33563

Principal Place of Business

853 VANDERBILT BEACH RD

STE 350

NAPLES FL 34108

EVERGREEN LANDSCAPING, INC.

JS					3. Date Incorporated or Qualified 02/21/1991				
Principal Place of Business     2a. Mailing Address					4. FEI Number		App	lied For	
26					65-0248732		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Des	Desired Sa.75 Additional Fee Required			
27						· · · · · · · ·			
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
3 28					<del></del>				
Zip,	Country	Zip	_ Country ∷⊓		8. This corporation owes the	ne current year		□No	
4	25	29 3	0		Personal Property Tax.  10. Name and Address of	New Penister			
•	9. Name and Address of Curren	t Registered Agent	81	Name	IV. Name and Address of	ten registere	a rigoni		
AUSTIN, ARLENE F. ESQ 5811 PELICAN BAY BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
STE 206A				83					
NAPLES FL 34108				City 85 Zip Còde				òde	
				<u> </u>		F			
office or read agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the section of th	of Florida. Such change was auti	nonzea ov	tne corporati	on's board of directors. I hereby	y accept the app	pointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: R	egistered Age	nt signature requin	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS		RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				. 🔲 Change	☐ Addition	
NAME	CAROLLO, THOMAS		1.2 NAME		·				
STREET ADDRESS	THE PARTY OF THE P		1.3 STREE	T ADDRESS					
	NAPLES FL			ST-ZIP	•				
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	71-211			☐ Change	☐ Addition	
TITLE	D CAROLLO THERESA		2.2 NAME						
NAME	<b>,</b>			T ADDRESS	·		•	V 4 1	
STREET ADDRESS							•		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP			Change	Addition	
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NAME			3.2 NAME						
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CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			•	Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS		•	5.3 STREE	T ADDRESS					
	1		5.4 CITY-1	ST-ZIP	* * * * * * * * * * * * * * * * * * * *				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	Addition	
TITLE			6.2 NAME						
NAME				T ADDRESS		•			
STREET ADDRESS	The state of the s					•			
CITY-ST-ZIP			6.4 CITY-		O		postific that the i-	formation	
14. I hereby of indicated officer or	certify that the information supplied w on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an atta	il annual report is true and accura- siver or trustee empowered to exc	the exemp ete and the ecute this	tion stated in at my signatu report as requ	re snau nave the same legal en	ect as it made t	muci Caur, mai i	aman	

**SIGNATURE** 

THOMAS CAROLLO 1-25-99

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

02-12-1999 90008 006 \*\*\*150.00