5-20-98 B 7702 C

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

FILED
May 20 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 # S39162 (0)

1. Corporation Name
GREAT AMERICAN LANDSCAPE, INC.

Principal Place of Business	Mailing Address
P O BOX 5478 LAKE WORTH FL 33436	P O BOX 5478 LAKE WORTH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1991

4. FEI Number: 65-0258449 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPIELHAUPTER, RICHARD
4778 ELMHURST ROAD
APT. 5
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPIELHAUPTER, MARTIN R	Address Update @ Bottom	1.2 NAME		
STREET ADDRESS	4778 ELMHURST RD #5		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPIELHAUPTER, RICHARD	Address Update @ Bottom	2.2 NAME		
STREET ADDRESS	4778 ELMHURST RD #5		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPIELHAUPTER, WALTER	Address Update @ Bottom	3.2 NAME		
STREET ADDRESS	4778 ELMHURST RD #5		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Spielhaupter Martin		4.2 NAME	SAME OFFICERS Address Updated	
STREET ADDRESS	43 Ash Cir B. HSR		4.3 STREET ADDRESS		
CITY-ST-ZIP	Okeechobee FL 34974		4.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Spielhaupter Richard		5.2 NAME		
STREET ADDRESS	1410 Holly Lk Dr.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Lake Worth FL 33463		5.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Spielhaupter Walter		6.2 NAME		
STREET ADDRESS	14308 82nd St N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Loxahatchee FL 33470		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 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: Richard Spielhaupter 5-13-98 (561)641-9550