FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION**

ANNUAL REPORT 1006



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	J	J	v	
200111			. —	

DOCU	MENT # S616	\$ 5 0	(0)				
 Corporation 	n Name		(9)				
ЭАПА	SOTA LAWNSCAPERS, IN	NG.			E ARRYCHE ING ALLUE DIGIN AFFAI AF	(AB 1141 A(B)) B(B)) B(A)	I SISII AFRITANAN IRDI
Principal Place	Principal Place of Business Mailing Address						
		OLD TREE STATION TA FL 34278					
		US	US		3. Date incorporated or Qualified	3a. Date of Las	st Report
2. Principal Pla	ace of Business	2a. Mailing Ad	Idress		06/17/1991 4. FEI Number	06/05	
21		26				-	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		#, etc.		65-0272432	\$8	.75 Additional	
22 27			···	Certificate of Status Desired		ee Required	
City & State	•	City & Star	te		6. Election Campaign Financing	\$5	.00 May Be
Zip	Country	28	Cour	de.	Trust Fund Contribution	Ac	ded to Fees
24	25	29	30	nii y	This corporation has liability for Florida Statutes	intangible tax unde	rs 199.032,
	9. Name and Address of Curi	ent Registered Ager	nt		10. Name and Address of New F		
				81 Name			
	, curtis L.		-	32 Street Add	Iress (P.O. Box Number is Not Acceptat	yle)	
	UNNYSIDE LANE					10,	
SARAS	OTA FL 34239		[1	33			
			Ţ	34 City		85	Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508. Flor	ida Statutes the above	o named asses	relian and ride Att		
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, So	orida Such change wa	is authorized by the oc	prporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing i ointment as registe	ts registered office red agent. I am
SIGNATURE	ny and boodpe the obligations of, oc	otion 007.0005, Figho	a Statutes			· ·	5
	Signature, typed or printed name of registeren ag		(NOTE: Registered A	gent signature require	ed when reinstating)	DATE	
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE NAME	PD	DI				☐ Chang	
STREET ADDRESS	ESKEW, CURTIS L.		1.2 NAN	ĺ			
CITY-SI-ZIP	2253 SUNNYSIDE LANE		I	ET ADDRESS			
TITLE	SARASOTA FLVDT	DE		- ST - ZIP			
NAME	ESKEW, BRUCE C.		22 NAM			Chanç	ge 🗌 Addition
STREET ADDRESS	2347 LOCKWOOD MEADO	we		ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL	1110		- ST - ZIP			
TITLE		☐ DE				Chang	ge Addition
NAME			3.2 NAM	E		L., V 18119	7,00,001
STREET ADDRESS			33 SIA	EFF ADDRESS			
CITY-ST-ZIP				- \$1 - ZIP			}
TITLE	☐ DELETE		LETE 4. 1 THE	F		☐ Chang	e Addition
NAME .			4.2 NAM	E			
STREET ADDRESS			i i	E1 ADDRESS			
DITY-ST-ZIP TITLE		F7 nc	44 CITY				
NAME		☐ DE				☐ Chang	e 🔲 Addition
STREET ADDRESS			5.2 NAM	i			į
CITY-ST-ZIP				ET ADDRESS			
TITLE		DE	5 4 CITY Lete 6. 1 Till			[Ch	Addition
NAME		•	6.2 NAM			Change	€ ☐ Addition
STREET ADDRESS				ET ADDRESS			
CITY - ST - 2IP			6.4 CITY				ŀ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR