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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90027 044 ***150.00

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1. Corporation Name

LANDSC	ape maintenance servi	CE, INC.							
Principal Place	of Business	Mailing Address				1 10011010 (8) 10101 70101 18710	ELION FION OLON	Afait biait s tait at	()(()()) ()3 (
1140 BAY VISTA BLVD ENGLEWOOD FL 34223 1140 BAY VISTA BLVD ENGLEWOOD FL 34223						DO NOT W	RITE IN THE	S SPACE	
					-	Date Incorporated or Qualife			
						10/21/1991	u		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	-	App	lied For
21		26				65-0294879		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27							-
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	³ 🗆	\$5.00 M Added to	- 2
23 Zip	Country		untry	,		8. This corporation owes the cu	rrent vear Ir	ntangible	.,
24	25	29 30				Personal Property Tax.	,		□No
24	9. Name and Address of Currer					10. Name and Address of New	Registered	Agent	
			81	Name		- · · · · · · · · · · · · · · · · · · ·	-		
	n, fred L.		82	Street	Address	s (P.O. Box Number is Not Accep	ntable)		
	BAY VISTA BLVD		102	Silver	Addies	S (1.0. DOX NUMBER 15 NOT NOOC)	, abio,		
ENG	LEWOOD FL 34223		83						
			84	City				85 Zip C	ode
	·						<u>FI</u>	-	
office or r	egistered agent or both in the State	22 and 607.1508, Florida Statutes, the of Florida. Such change was authorized	ea by	the corpo	corpora oration's	ation submits this statement for the s board of directors. I hereby acc	ept the appo	of changing its repointment as reg	egistered istered
=	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida Sta	iuies i Ni	2 Pm	de	سر. و	4/27 1	19	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Registere	d Ager	nt signature n	ednited w	hen reinstating)	DATE		
12.		ID DIRECTORS 13				ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	P	☐ DELETE 1.1	TITLE					Change	Addition
NAME	FRED L. DUNN	1.21	NAME						
STREET ADDRESS	1140 BAY VISTA BLVD	1.3	STREE	T ADDRESS					
CITY+ST-ZIP	ENGLEWOOD FL 34223	1.44	CITY-S	T-ZIP				·	
TITLE	VP	☐ DELETE 2.1	TITLE					Change	☐ Addition
NAME	PPAUL S PARK	22	NAME						
STREET ADDRESS	720 TEXAS	,		T ADDRESS		•			
CITY-\$T-ZIP	ENGLEWOOD FL 34223		CITY-S	ST-ZIP				Change	Addition
TITLE	S	☐ DELETE 3.11	TITLE					Change	
NAME	JOYCE L. DUNN		NAME						
STREET ADDRESS	1140 BAY VISTA BLVD			T ADDRESS					
.CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-5	ST-ZIP				Change	☐ Addition
TITLE		~ · · · · ·	TITLE					CI cuande	
NAME			NAME						İ
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			CITY-S TITLE	i-ZIP				Change	Addition
TITLE		-	NAME						J
N/AAAC									

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition