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

DOCUMENT # V01797 1. Corporation Name

DEPENDABLE SOD, INC.

Principal Place of Business Mailing Address										
4306 PROGRES			4306 PROGRESS AVENUE							
NAPLES FL 34104			NAPLES FL 34104 US				DO NOT WRITE IN THIS SPACE			
us		US	US				3. Date Incorporated or Qualifed			
							01/01/1992 ·			
2 Principal P	lace of Business	2a Mail	ing Address				4. FEI Number		App	lied For
– '	iace of Dusiness	26	,9				65-0328691			Applicable
Suite, Apt.	# etc		e, Apt. #, etc.					\$8	3.75 A	dditional
22	, 5.55	27					5. Certificate of Status Desired		Fee Rec	uired
City & Stat	'e		& State				6. Election Campaign Financing	\$	5.00 N	May Be
23		28					Trust Fund Contribution		Added to	
Zip	Country	Zip		Coun	try		8. This corporation owes the current year	Intangib	le	
24	25	29		30			Personal Property Tax.	<u>□</u> Y	es	□No
	9. Name and Address of Curre	ent Registered	Agent				10. Name and Address of New Register	ed Agen	t	
				1	81	Name				
	rtinez, abelardo			ļ-	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	B PROGRESS AVENUE			ĺ	_	Ou out / laure				
NAP	LES FL 34103			1	83					•
				<u>,</u>	84	City		85	Zin C	ode ,
					-	City		- [_	'	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.15	08, Florida Statute	s, the ab	ove	-named corpo	pration submits this statement for the purpos	e of chan	ging its r	egistered
office or e	registered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. Su nations of Sect	ich change was au ion 607.0505. Flor	<i>ithorizea :</i> ida Statut	oy t les.	ine corporation	n's board of directors. I hereby accept the ap	рошине	11 92 109	Steled
	11111 0	Mars	T. west				DENT 1-8	- 59		•
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applic	able NOTE:	Registered A	gent	signature required	Wildir followarily			
12.	OFFICERS A	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	P		☐ DELETE	1.1 TITL	E.	ĺ			Change	☐ Addition
NAME	MARTINEZ, ABELARDO			1 2 NAM	Æ					ļ
STREET ADDRESS	4306 PROGRESS AVE.			1.3 STR	EET	ADORESS				ĺ
CITY+ST-ZIP	NAPLES, FL 34104			1.4 CIT	Y-ST	-ZIP				
TITLE		_	☐ DELETÉ	2.1 TITL	.E					☐ Addition
NAME				2.2 NAM					Juange	
STREET ADDRESS				2.2100	ΛE.				nange	ţ
CITY-ST-ZIP						ADDRESS			nange	
TITLE					EET		<u> </u>			
NAME			DELETE	2.3 STR	EET Y-S1				Change	☐ Addition
STREET ADDRESS			☐ DELETE	2.3 STR 2. 4 CIT	Y-S1		· ·			Addition
OTTICE TO DITICO			☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	REET Y-S1 E Me		· ·			Addition {
CITY_ST_7IP			☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Y-SI F ME	T-ZIP ADDRESS				☐ Addition
CITY-ST-ZIP			☐ DELETE	2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-SI LE ME REET	T-ZIP ADDRESS	· ·			☐ Addition
TITLE				2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	REET. Y-SI LE ME REET Y-SI	T-ZIP ADDRESS	<u> </u>		Change	
TITLE NAME				2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAA	REET. Y-S1 LE REET Y-S1 LE ME	T-ZIP ADDRESS T-ZIP	<u> </u>		Change	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

Daytime Phone #

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90002 038 ***150.00