

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V54876** (0)

1. Corporation Name

FAIRVIEW LANDSCAPING, INC.



Principal Place of Business

Mailing Address

**16931 SHELBY LANE
N FT. MYERS FL**

**16931 SHELBY LANE
N FT. MYERS FL**

2. Principal Place of Business

21 **4090 Orange River Loop Road**

Suite, Apt. #, etc.

22

City & State

23 **Fort Myers, FL**

Zip

24 **33905**

Country

25 **USA**

2a. Mailing Address

26 **4090 Orange River Loop Road**

Suite, Apt. #, etc.

27

City & State

28 **Fort Myers, FL**

Zip

29 **33905**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**MOELLER, RICHARD
16931 SHELBY LANE
N FT. MYERS FL 33917**

3. Date Incorporated or Qualified

08/04/1992

3a. Date of Last Report

05/01/1995

4. FET Number

65-0350307

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Stump, Sandra

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

4090 Orange River Loop Road

83

84 City

Fort Myers

FL

85 Zip Code

33905

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

Sandra Stump

Sandra Stump, President

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MOELLER, RICHARD**
STREET ADDRESS **16931 SHELBY LANE**
CITY- ST- ZIP **N FT MYERS FL**

TITLE **V** ☐ DELETE
NAME **MOELLER, GREGG (1ST)**
STREET ADDRESS **16931 SHELBY LANE**
CITY- ST- ZIP **N FT MYERS FL**

TITLE **V** ☐ DELETE
NAME **MOELLER, CHRIS (2ND)**
STREET ADDRESS **16931 SHELBY LANE**
CITY- ST- ZIP **N FT MYERS FL**

TITLE **ST** ☐ DELETE
NAME **STUMP, SANDY**
STREET ADDRESS **16931 SHELBY LANE**
CITY- ST- ZIP **NORTH FORT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4090 Orange River Loop Road**
2.4 CITY- ST- ZIP **Fort Myers, FL 33905**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **4090 Orange River Loop Road**
3.4 CITY- ST- ZIP **Fort Myers, FL 33905**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Stump, Sandra**
4.3 STREET ADDRESS **4090 Orange River Loop Road**
4.4 CITY- ST- ZIP **Fort Myers, FL 33905**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 on an attachment with an address.

SIGNATURE:

Sandra Stump
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra Stump, President

4-26-96

DATE

941-694-4388

PHONE NUMBER

CR2E034 (12/95)