## 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

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90024 033 \*\*\*150.00

E LON EL OLI DAN ANTRE LORIN ANTRE TIDEN LORIN MAÑA MINER ALGRE DANA BIOR DIRECTOR

## DOCUMENT # **V69919**

1. Corporation Name

FLINTSTONE'S COLLIER COUNTY LAWN AND TREE SERVIC

| Principal Plac                             | e of Business   |                | Mailing Address                           |               | •        |        |                       |                                 | #### ################################# | <b>8181</b>   1818 1811 81811     | MINIE NEKU BINEE B                 | IMER MEMORE IMMI          |
|--|---|----------------|---|---------------|----------|--------|-----------------------|---------------------------------|--|-----------------------------------|------------------------------------|---------------------------|
| 8025 GREEN 18LVD.<br>NAPLES FL 34116<br>JS |   |                | 6025 Green BLVD.<br>Naples FL 34116<br>US |               |          |        | DO NO                 | T WRITE IN TH                   | S SPACE                                |                                   |                                    |                           |
| •  |   |                |   |               |          |        |                       | 3. Date I                       | ncorporated or Qu                      | alifed                            |                                    |                           |
|  |   |                |   |               |          |        |                       |                                 | /1992                                  |                                   |                                    |                           |
| 2. Principal F                             | Place of Business   |                | 2a. Mailing Address                       |               |          |        |                       | 4. FEI N                        |  |                                   | h <del>  </del>                    | opiled For                |
| 21   |   |                | 26  |               |          |        |                       | 65-03                           | 87542                                  |                                   |                                    | ot Applicable             |
| Suite, Apt.                                | . #, etc.   | ,              | Suite, Apt. #, etc.                       |               |          |        |                       | 5. Certifo                      | ≭ite of Status Des                     | ired 🗌                            | •                                  | Ac ditional<br>equired    |
| City & S a                                 |   |                | City & State                              |               |          |        | —                     | £ Floatie                       | Compaign Fina                          | noina                             |                                    | May Be                    |
| 23   | ic .  | }              | 28  |               |          |        |                       | I .                             | on Campaign Fina<br>Fund Contribution  |                                   |                                    | to Fees                   |
| Zip  | Country   |                | Zip                                       | Cot           | untry    |        |                       |                                 | orporation owes the                    | ne current year                   | Intangible                         |                           |
| 24   | 25  | •              | 29  | 30            |          |        |                       | 1                               | n al Property Tax.                     | •                                 | Yes                                | []No                      |
|  | 9. Name and Address   | of Current R   | egistered Agent                           |               |          |        |                       | 10. Name                        | and Address of                         | New Registere                     | d Agent                            |                           |
|  |   |                |   |               | 81       | Na     | ame                   |                                 |  |                                   |                                    |                           |
| BRYANT, EDWARD R., JR.                     |   |                |   |               | 82       | St     | reet Add              | Iress (P.O. Bo                  | ss (P.O. Box Number is Not Acceptable) |                                   |                                    |                           |
|  | ELEVENTH ST. SO., PH (  | IJ             |   |               |          |        |                       |                                 |  |                                   |                                    |                           |
| NAPL                                       | ES FL 34102   |                |   |               | 83       |        |                       |                                 |  |                                   |                                    |                           |
|  |   |                |   |               | 84       | Ci     | tv -                  |                                 | -                                      |                                   | . 85 Zip                           | Code                      |
|  |   |                |   |               |          |        | •                     |                                 |  | F                                 |                                    |                           |
| office or i                                | to the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accept | the State of F | Florida. Such change was                  | authorize     | d by i   | the    | ned corp<br>corporati | poration subm<br>ion's board of | its this statement directors. I hereby | for the purpose<br>accept the app | of changing its<br>pointment as re | s registered<br>egistered |
| SIGNATURE                                  |   |                |   |               |          |        |                       |                                 |  |                                   |                                    |                           |
|  | Signature, typed or printed name of re  |                |   | TI Registered |          | t sign | ature require         | ed when reinstating             | (NS/CHANGES                            | DATE                              | AID DIRECT                         | DE S IN 12                |
| TITLE                                      | p SFFI  | CERS AND       | DELETE                                    | 1.1 T         |          |        |                       | ADDITI                          | CN3/CHANGES                            | TO OFFICERS                       | Change                             | Addition                  |
| NAME                                       | WOOTEN, RICHARD W   |                |   |               | 1.2 NAME |        |                       |                                 |  | _ ,                               | _                                  |                           |
|  | 6025 GREEN BLVD.  |                |   |               | TREET    | r ann  | DESS                  |                                 |  |                                   |                                    |                           |
|  | NAPLES FL 34116   |                |   |               | ITY-ST   |        |                       |                                 |  |                                   |                                    |                           |
| TITLE                                      | V   |                | ☐ DELETE                                  | 2.1 T         |          | 1-211  |                       |                                 |  |                                   | ☐ Change                           | Addition                  |
| NAME                                       | WOOTEN, BARBARA K   |                |   | 22 N          |          |        |                       |                                 |  |                                   |                                    |                           |
|  | 6025 GREEN BLVD.  | •              |   | 2.3 \$        | TREET    | CDA    | RESS                  |                                 |  |                                   |                                    |                           |
| CITY-ST-ZIP                                | NAPLES FL 34116   |                |   |               | CITY-S   |        |                       |                                 |  |                                   |                                    |                           |
| TITLE                                      |   |                | ☐ DELETE                                  | 3.1 T         |          |        |                       |                                 |  |                                   | ☐ Change                           | Addition                  |
| NAME                                       |   |                |   | 3.2 N         | IAME     |        |                       |                                 |  |                                   |                                    |                           |
| STREET ADDRE 3S                            |   |                |   | 3.3 S         | TREET    | ADD    | RESS                  |                                 |  |                                   |                                    |                           |
| CITY-ST-ZIP                                |   |                |   | 3.4. 0        | CITY-S   | T-ZJP  |                       |                                 |  |                                   |                                    |                           |
| TITLE                                      |   |                | ☐ DELETE                                  | 4.1 T         | MLE      |        |                       |                                 |  |                                   | Change                             | Addition                  |
| NAME                                       | IAME  |                |   | 4. 2 NAME     |          |        |                       |                                 |  |                                   |                                    |                           |
| STREET ADDRESS                             |   |                |   | 438           | TREET    | ADD    | RESS                  |                                 |  |                                   |                                    |                           |
| CITY-ST-ZIP                                |   |                |   | 440           | aty-st   | r-ZiP  |                       |                                 |  |                                   |                                    |                           |
| TITLE                                      |   |                | ☐ DELETE                                  | 5.1 T         |          |        |                       |                                 |  |                                   | ☐ Change                           | ☐ Addition                |
| NAME                                       |   |                |   | 5.2 N         |          |        |                       |                                 |  |                                   |                                    |                           |
| STREET ADDRESS                             |   |                |   |               | TREET    |        | ₹ESS                  |                                 |  |                                   |                                    |                           |
| CITY-ST-ZIP                                |   |                | <u>_</u>                                  |               | ITY-ST   | r-ZIP  |                       |                                 |  |                                   |                                    |                           |
| TITLE                                      |   |                | ☐ DELETE                                  | 6.1 T         |          |        |                       |                                 |  |                                   | Change                             | ☐ Addition                |
| NAME                                       | 1   |                |   | 6.2 N         |          |        |                       |                                 |  |                                   |                                    |                           |
| STREET ADDRESS                             |   |                |   | 6.3 \$        | TREET    | AD0    | RESS                  |                                 |  |                                   |                                    |                           |

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 or derivation or the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 43 if changed, or only an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)