

16500

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 469910

(4)

1. Corporation Name
LANDSCAPE DIMENSIONS, INC.



Principal Place of Business
18011 LEETANA ROAD
NORTH FORT MYERS FL 33917-4720
US

Mailing Address
18011 LEETANA ROAD
NORTH FORT MYERS FL 33917-4720
US

3. Date Incorporated or Qualified 02/13/1975	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2575889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25. 29. 30.	

9. Name and Address of Current Registered Agent

**TACKETT, EDWARD
16590 GARDEN BLVD.
CAPE CORAL FL 33909**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TACKETT, TINA	
STREET ADDRESS	16590 GARDEN BLVD.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TACKETT, EVERETT	
STREET ADDRESS	5132 YORK COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTINDALE, THOMAS JR.	
STREET ADDRESS	710 SHARAN CR	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TACKETT, EDWARD, JR	
STREET ADDRESS	803 NE 17th Ave	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TACKETT, SEAN	
STREET ADDRESS	16590 GARDEN BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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. I am dated, or on an appointment with an address.

SIGNATURE: *[Signature]* 3/10/97 9477316694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)