

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 568982 (3)**

1. Corporation Name  
**HILLSBOROUGH LANDSCAPE AND MAINTENANCE COMPANY**



Principal Place of Business  
**16102 HANNA RD  
LUTZ FL 33549**

Mailing Address  
**16102 HANNA RD  
LUTZ FL 33549**

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

3. Date Incorporation or Qualified **04/12/1978** 3a. Date of Last Report **04/27/1995**  
4. FEI Number **59-1821706** 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

9. Name and Address of Current Registered Agent  
**MURMAN, JAMES A.  
505 N. MORGAN ST.  
TAMPA FL 33602**

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

11. Pursuant to the provisions of Sections 607.0627 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 607.0629, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS  
[ ] DELETE  
TITLE **PTD**  
NAME **MICHAUD, DANIEL J**  
STREET ADDRESS **2210 SHADE HILL CT.**  
CITY, ST, ZIP **TAMPA FL**  
[X] DELETE  
TITLE **VSD**  
NAME **MICHAUD, RONDA J.**  
STREET ADDRESS **2210 SHADE HILL CT.**  
CITY, ST, ZIP **TAMPA FL**  
[ ] DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
[ ] DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
[ ] DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Addition  
1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP  
[ ] Change [ ] Addition

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 supplier's 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 registered agent; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)