

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
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30
9. Name and Address of Current Registered Agent

**MURMAN, JAMES A.
505 N. MORGAN ST.
TAMPA FL 33602**

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

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

12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MICHAUD, DANIEL J 2210 SHADE HILL CT. TAMPA FL VSD	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAUD, RONDA J. 2210 SHADE HILL CT. TAMPA FL	<input checked="" type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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)