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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761615 (4)

1. Corporation Name

GREENSCAPE OF JACKSONVILLE, INC.



Principal Place of Business	Mailing Address
3100 UNIVERSITY BLVD S SUITE 112 JACKSONVILLE FL 32216 US	3100 UNIVERSITY BLVD S SUITE 112 JACKSONVILLE FL 32216-2737 US

3. Date Incorporated or Qualified 01/27/1982	3a. Date of Last Report 06/21/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. Suite 322	26 Suite, Apt. #, etc. Suite 322
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2283261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent	
CAVEN, SUSAN C 2775 WHITE OAK LANE JACKSONVILLE FL 32207	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CAVEN, SUSAN C
STREET ADDRESS	2775 WHITE OAK LANE
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	VD <input type="checkbox"/> DELETE
NAME	CASSIDY, JOHN T
STREET ADDRESS	5287 NEW KINGS RD. US 1
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	SD <input type="checkbox"/> DELETE
NAME	LEE, SALLY B
STREET ADDRESS	1831 WOODMERE DR.
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	TD <input type="checkbox"/> DELETE
NAME	STRICKLAND, JOAN P
STREET ADDRESS	100 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ELMORE, KELLY R
STREET ADDRESS	8380 BAYMEADOWS RD, #16
CITY-ST-ZIP	JACKSONVILLE FL
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	PRESIDENT ELECT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASSIDY, JOHN T
2.3 STREET ADDRESS	5287 NEW KINGS RD. US 1
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32209
3.1 TITLE	FIRST VICE PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SALLY B. LEE
3.3 STREET ADDRESS	1831 WOODMERE DR.
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
4.1 TITLE	SECRETARY/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY F. PIETAN
4.3 STREET ADDRESS	1877 BEACH AVENUE
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32233
5.1 TITLE	TREASURER/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM H. MORRIS
5.3 STREET ADDRESS	3935 ORTEGA BOULEVARD
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
6.1 TITLE	AT-LARGE/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KELLY ELMORE
6.3 STREET ADDRESS	9250 CYPRESS GREEN DR. #300
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32256

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)