

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:59

DOCUMENT # **LO0556 (5)**
1. Corporation Name
MARSHALL'S GREEN PASTURE LAWN AND TREE, INC.

Principal Place of Business Mailing Address
**14681 85TH RD NO
LOXAHATCHEE FL 33470
US** **PO BOX 33045
PALM BCH GDNS FL 33420
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1989** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0126740	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MARSHALL, ROBIN CRAIG
14681 85TH RD. NORTH
LOXAHATCHEE FL 33470**

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 607.0502 and 607.1509, 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 *Robin C. Marshall* **Robin C. MARSHALL TREES.** **4/7/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ROBIN CRAIG	1.2 NAME	
STREET ADDRESS	14681 85TH ROAD, NORTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JACALYN J.	2.2 NAME	
STREET ADDRESS	14681 85TH ROAD, NORTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE FL	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, MATTHEW R	3.2 NAME	
STREET ADDRESS	14681 85 RD N	3.3 STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, CHARLES M	4.2 NAME	
STREET ADDRESS	14681 85 RD N	4.3 STREET ADDRESS	
CITY, ST, ZIP	LOXAHATCHEE FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(k), 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 trustee 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 if changed, or on an attachment, with an address.

SIGNATURE: *Robin C. Marshall* **Robin C. MARSHALL** **4/7/95** **407-795-9613**