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PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M81764** **(6)**

1. Corporation Name

~~DYNAMIC LANDSCAPES AND CONSULTANTS, INC.~~
THE DYNAMIC ANDERSON CORPORATION 1-11-96

Principal Place of Business
112 LEVY ROAD
ATLANTIC BEACH FL 32233
US

Mailing Address
P.O. BOX 330674
ATLANTIC BEACH FL 32233-0674
US

3. Date Incorporated or Qualified: 05/16/1988
3a. Date of Last Report: 11/13/1995
4. FEI Number: 59-2882168 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
~~MITCHELL, LAURIE L.~~
113 LEVY ROAD
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent
81 Name: LAURIE M. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 113 LEVY ROAD
84 City: ATLANTIC BEACH FL 85 Zip Code: 32233

11. Pursuant to the provisions of Sections 607.0502 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: Laurie M. Anderson, Laurie M. Anderson — 20 Feb. 96
Signature, typed or printed name of registered agent or state if applicable (NOTE: Registered Agent signature required on the reverse side)

12. OFFICERS AND DIRECTORS

TITLE	PCS	[ ] DELETE
NAME	~~MITCHELL, LAURIE L.~~	
STREET ADDRESS	P.O. BOX 330674 NA	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE	VP	[X] DELETE
NAME	MONSON, LYNDA T.	
STREET ADDRESS	2200 OCEAN DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	VP	[ ] DELETE
NAME	MITCHELL, CERENA VAN	
STREET ADDRESS	P.O. BOX 330674 N/A	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCS	[X] Change [ ] Addition
1.2 NAME	LAURIE M. ANDERSON	
1.3 STREET ADDRESS	P.O. BOX 330674 NA	
1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SR. V.P	[ ] Change [X] Addition
4.2 NAME	ANDERSON, THOMAS CRAIG	
4.3 STREET ADDRESS	P.O. BOX 330674 NA	
4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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 if changed, or on an attachment with an address.

SIGNATURE: Laurie M. Anderson, Laurie M. Anderson, President — 20 Feb. 96 — 904/248-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)