FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 27 1997 8:00am

Secretary of State

(986) (8)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017822 (5)

LANDSCAPES BY DESIGN OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 3555 RIVERSIDE AVE. 3555 RIVERSIDE AVE. JACKSONVILLE FL \$2205 JACKSONVILLE FL 32205-8448 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1994 07/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3242638 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \[\bigcap \text{No} \] 24 25 29 30 Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo TESIERO. KELLY D 3555 RIVERSIDE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 84 City Zip Code 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** Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 🔲 DELETÉ 1.1 TITLE Change Addition TESIERO, KELLY D NAME 1.2 NAME STREET ADDRESS 3555 RIVERSIDE AVE. 1.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 Till 6 NAME tesiero, don 2.2 NAME STREET ADDRESS 3555 RIVERSIDE AVE. 2.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY- \$1-ZIP DELETE ___ Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELE 1E TITLE 6.1 TITLE __ Change Addition NAME 6.2 NAME

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 eath; 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP