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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000036863 (6)
1. Corporation Name
WEST FLORIDA LANDSCAPING, INC.

Principal Place of Business Mailing Address
910 DEWEY AVE 910 DEWEY AVE
DADE CITY FL 33525 DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified 05/12/1994
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 37108 Dewey Ave 26 37108 Dewey Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Dade City, FL 28 Dade City FL
Zip Country Zip Country
24 33525 25 33525 29 33525 30 Pasco

4. FBI Number 59-3249289 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

9. Name and Address of Current Registered Agent
WEST, RICK E
910 DEWEY AVE
DADE CITY FL 33525

10. Name and Address of New Registered Agent
81 Name Rick West
82 Street Address (P.O. Box Number is Not Acceptable)
83 37108 Dewey Ave
84 City Dade City FL 85 Zip Code 33525

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 Rick West DATE 3/8/95
Signature, typed or printed name of registered agent and date of registration. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEST, RICK E
STREET ADDRESS	910 DEWEY AVE
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	V
NAME	WEST, EDWARD L
STREET ADDRESS	2800 RT. 11A
CITY - ST - ZIP	LAFAYETTE NY 13084
TITLE	STD
NAME	WEST, SCOTT A
STREET ADDRESS	211 N 15 ST
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rick E. West	
1.3 STREET ADDRESS	37108 Dewey Ave	
1.4 CITY - ST - ZIP	Dade City, FL 33525	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott A. West	
2.3 STREET ADDRESS	13928 21st St	
2.4 CITY - ST - ZIP	Dade City FL 33525	
3.1 TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Edward L. West	
3.3 STREET ADDRESS	8428 Jacqueline Ct	
3.4 CITY - ST - ZIP	Zephyrhills, FL 33525	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Edward L. West Edward L. West 3/8/95 904-567-7898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)