

1-24-97 B-0711 C  
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 Jan 24 1997 8:00am  
 Secretary of State



PROFIT CORPORATION  
 ANNUAL REPORT  
 1997

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  
 37108 DEWEY AVE  
 DADE CITY FL 33525  
 US

Mailing Address  
 37108 DEWEY AVE  
 DADE CITY FL 33523-2129  
 US

3. Date Incorporated or Qualified 05/12/1994  
 3a. Date of Last Report 06/20/1996

2. Principal Place of Business  
 21 37343 Southview Ave.  
 Suite Apt. #, etc.  
 22  
 City & State  
 23 Dade City, FL  
 Zip Country  
 24 33525 25 Pasco

2a. Mailing Address  
 26 37343 Southview Ave.  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 Dade City, FL  
 Zip Country  
 29 33525 30 Pasco

4. FEI 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

10. Name and Address of New Registered Agent

WEST, RICK  
 37108 DEWEY AVE  
 DADE CITY FL 33525

81 Name West, Rick  
 82 Street Address (P.O. Box Number is Not Acceptable) 37343 Southview Ave.  
 83  
 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: *Nick C. West* *Rick E. West* 1/16/97  
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEST, RICK E	
STREET ADDRESS	37108 DEWEY AVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WEST, SCOTT A	
STREET ADDRESS	13928 21ST ST	
CITY-ST-ZIP	DADE CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEST, EDWARD L	
STREET ADDRESS	8428 JACQUELINE CT	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	West, Rick E.	
1.3 STREET ADDRESS	37343 Southview Ave.	
1.4 CITY-ST-ZIP	Dade City, FL 33525	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	vice president, secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	West, Edward L.	
3.3 STREET ADDRESS	6449 Huntington Dr.	
3.4 CITY-ST-ZIP	Zephyrhills, FL 33541	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nick C. West* *Rick E. West* 1/16/97 (352) 567-7898  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)