

P95000000155

Norma J. Meadows

2715 W. Miller Road
Dade City, FL 33525
(813) 538-4815

FILED

94 DEC 30 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 23, 1994

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*****72.50 *****72.50

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

To Whom it May Concern:

Please file the enclosed Articles of Incorporation. Also enclosed is a check in the amount of \$72.50 for the filing fee and registered agent fee.

Thank you for your cooperation in this matter. If you have any questions, please give me a call.

Very truly yours,

Norma Meadows

enclosure

MA
1-3-95

**ARTICLES OF INCORPORATION
OF
SOUTH LAWNS AND LANDSCAPE, INC.**

FILED
94 DEC 30 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is South Lawns and Landscape, Inc. ("Corporation").

ARTICLE II - DURATION

The Corporation shall have perpetual existence.

ARTICLE III - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of this Corporation is 27215 W. Miller Road,
Dade City, FL 33525.

ARTICLE IV - PURPOSE

This Corporation may engage in any activity or business permitted under the laws of
the United States and the State of Florida.

ARTICLE V - CAPITAL STOCK

This Corporation is authorized to issue One Thousand (1,000) shares of One Dollar
(\$1.00) par value common stock, which shall be designated "Common Shares."

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 27215 W. Miller
Road, Dade City, FL 33525. The name of the initial registered agent at such address is Norma J.
Meadows.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) director initially. The number of directors may
be increased or diminished from time to time in the manner provided in the By-Laws but shall never
be less than one (1). The name and address of the initial director of this Corporation is:

Name	Address
Norma J. Meadows	27215 W. Miller Road Dade City, FL 33525

ARTICLE VIII - BY-LAWS

The initial By-Laws of this Corporation shall be adopted by the initial director of this Corporation.

ARTICLE IX - INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the fullest extent permitted by applicable law.

ARTICLE X - INCORPORATOR

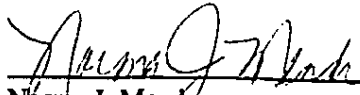
The name and address of the person signing these Articles of Incorporation is:

Name	Address
Norma J. Meadows	27215 W. Miller Road Dade City, FL 33525

ARTICLE XI - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida Business Corporation Act, as amended from time to time.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 23rd day of December, 1994.



Norma J. Meadows
Incorporator

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE FOREGOING CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE VI OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HER DUTIES.

DATED THIS 23rd DAY OF DECEMBER, 1994.

By: *Norma J. Meadows*
Norma J. Meadows
Registered Agent

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

FILED
94 DEC 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledged before me this 23rd day of December, 1994 by Norma J. Meadows who, as Incorporator, executed the foregoing Articles of Incorporation is personally known to me or who has produced _____ as identification and who did/did not take an oath on behalf of the corporation.

Alta Grantham
NOTARY PUBLIC, STATE OF FLORIDA

My commission expires:



OFFICIAL SEAL
ALTA GRANTHAM
My Commission Expires
Oct. 17, 1996
Comm. No. CC 228709

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
REPORT DUE 30 DAYS BEFORE 8/9/98: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REGISTRAR: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P95000000155 (8)
 1. Corporation Name
SOUTH LAWS AND LANDSCAPE, INC.

FILED
 95 AUG 10 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

27215 W. MILLER RD.
 DADE CITY FL 33525

Mailing Address

27215 W. MILLER RD.
 DADE CITY FL 33525

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 City & State

26 Suite, Apt. #, etc.

23 Zip

27 City & State

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MEADOWS, NORMA J
 27215 W. MILLER RD.
 DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/30/1994

3a. Date of Last Report

4. FEI Number

59-3289681

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

3. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

FL 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and fee if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when nonexisting)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P
NAME	MEADOWS, NORMA J
STREET ADDRESS	27215 W. MILLER RD.
CITY-ST-ZIP	DADE CITY FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE		Change	Addition
1.2 NAME	D/P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	DIANNA KINNEY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4 CITY-ST-ZIP	27215 W MILLER RD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	DADE CITY FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	33525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET /ADDRESS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(A), 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:

Norma J Meadows
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/95 813 949-6251
 Date Daytime Phone #

CR2E034 (3/95)