

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000044507 (8)

1. Corporation Name

SHAMROCK TURF & LANDSCAPING INC.



Principal Place of Business

Mailing Address

**3525 GREENGLEN CIR
PALM HARBOR FL 34684**

**3525 GREENGLEN CIR
PALM HARBOR FL 34684**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

4. FEI Number

59-3325219

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

10. Name and Address of New Registered Agent

**SHANNON, EMERSON G II
3525 GREENGLEN CIR
PALM HARBOR FL 34684**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 (Typed or Printed Name of Registered Agent or Director)

Date (Registered Agent's Signature Must Be Dated)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SHANNON, EMERSON G II	3525 GREENGLEN CIR	PALM HARBOR FL 34684	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-ST-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-ST-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-ST-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

100001824391
-05/16/96--01038--03
*****200.00**

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 supplementary 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 deleted in attachment with an address.

SIGNATURE:

Emerson B. Shannon # 4-896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-786-8266

CR2E034 (12/95)