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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9600000830 (5) 1. Corporation Name GARY STOUT LANDSCAPING, INC.								
Principal Place of Business		Mailing Address		(1991)251 110 1910 01111				
1040 Bayview Drive Suite 600 Fort Lauderdale FL 33304		1040 BAYVIEW DRIVE SUITE 600 FORT LAUDERDALE FL 33304		3. Date Incorporated or Qualif	ied 3a . Da'	te of Last Report		
					12/26/1995			
2. Principal Pla		2a. Mailing Address	111		4. FEI Number 65-0636	146	Applied For Not Applicable	
21 242	1 N.E. 13 St.	26 <i>P.O. Box</i> Suite, Apt. #, etc.	///				\$8.75 Additional	
Suite, Apt. #	, etc.	27			5. Certificate of Status Desire	a []	Fee Required	
City & State	0 01 -1	City & State	FL.		Election Campaign Financia Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees	
	Anderdole, Fl.	28 Fort LAND.	Country		8. This corporation has liability	v for intangible		
Zip	Country 25	L ' - F	30		Florida Statutes	Yes 🔲 No		
24 333 6	9. Name and Address of Curren				10. Name and Address of N	ew Registered	J Agent	
				Name				
CASORIA & GOFF, P.A.				Street Add	iress (P.O. Box Number is Not Acc	eptable)		
	Mew drive		83					
SUITE 60			0.3		,			
	UDERDALE FL 33304		1 1	City		F	85 Zip Code	
SIGNATURE	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of Sections of Sections of Sections of Sections of Sections of Sections of Prince of	and tile if applicable (NOTE			ed wher recording! ADDITIONS/CHANGES TO	DATE OFFICERS AN	ND DIRECTORS IN 12	
12.	D	DELETE	1. 1 TITLE	T-			Change Addition	
NAME	STOUT, GARY L		1.2 NAME	3	tout. GARY L 2421 N.E. 13 H. LANDBODALE.	21		
STHEET ADDRESS	729 N.E. 16TH TERRACE		13 STREET A	DDRESS 2	421 N.E. 13	37°	2204	
CITY+S1-ZIP	FORT LAUDERDALE FL 33304		14 CITY - ST	· 712	H. LAUDBODALE.	M. 3.	Change Addition	
TITLE		DEFEIE	2.110116					
NAME			2 2 NAME 2 3 STREET A	ADDRESS.				
STREET ADDRESS			2 4 CiTY-S1	1				
CITY - ST - ZIP TITLE		☐ DELETE	3 1 TITLE				Change Addition	
NAME			3.2 NAML					
STREET ADDRESS			33 STREET	ADDRESS				
CHY-ST-ZIP			3.4 C(1) - S1	: ZIF			Change Addition	
TIFLE		□ DELF1E	4. 1 TITLE 4.2 NAME					
NAME			4.3 STREET	ADDRESS				
STREET ADDRESS			4.4 CITY - ST					
CHY-S1-ZIP TILE		DELETE	5 1 TOLE				☐ Change ☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE1					
CITY-ST-ZIP	<u></u>	DELETE	54 CITY S	7-715			Change Addition	
THILE		[] DELLIE	6 1 TITLE 62 NAME					
NAME	1		O S HARINE					

6.3 STREET ADDRESS.

6 4 CHY - S1 - ZIP

SIGNATURE: SIGNATURE AND

STREET ADDRESS

GARY Stout

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 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 perporation 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 chapter 6, or on an alact agent with an address. (954) 563-8443