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May 08 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 # 315492 (9)

1. Corporation Name
RENFROE LANDSCAPING CO INC



Principal Place of Business
1076 GOODLETTE RD NO
NAPLES FL 33940

Mailing Address
1076 GOODLETTE RD NO
NAPLES FL 34102-5449

3. Date Incorporated or Qualified
04/05/1967

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1167464	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 34102-5449	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

RENFROE, A, STOCKTON
1076 GOODLETTE RD NO
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 34102-5449
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	BUCKHANNAN, WILLIAM	1.2 NAME	
STREET ADDRESS	900 BALD EAGLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	34105
TITLE	DS	2.1 TITLE	
NAME	VEGA, GEORGE	2.2 NAME	
STREET ADDRESS	3455 FT CHARLES	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	34102
TITLE	PD	3.1 TITLE	CD
NAME	RENFROE, A STOCKTON	3.2 NAME	
STREET ADDRESS	3655 GORDON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	34102
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *W. B. Buckhannan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

941-262-4102
Daytime Phone #

CP2E034 (9/96)