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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name CHARLES JOHNSON LANDSCAPING AND MAINTENANCE, INC

Mailing Address Principal Place of Business 4504 SOUTH GEORGIA AVE. 4504 SOUTH GEORGIA AVE. PO BOX 935. PALM BCH (33480) PO BOX 935. PALM BCH (33480) WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 3a. Date of Last Report 05/16/1995 3. Date Incorporateu 05/07/1971 Applied For 2. Principal Place of Business 2a. Mailing Address 59-1354719 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has lability for intangible tax under s. 199.032, Country Z_{10} Florida Statutes Yes No

10. Name and Address of New Registered Agent 30 25 29 24 9. Name and Address of Current Registered Agent 81 Name JOHNSON, CHARLES A. Street Address (P.O. Box Number is Not Acceptable) 82 1656 KUDZA RD. W PALM BEACH FL 33415 83 Zip Code 85 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 (NOTE: Regulated Agest signature regulated when her stating) fure, typed or printed name of respectives against a strict it applicans. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ■ Addition DELETE 1 1 TIELE TITLE JOHNSON, CAROLYN 1.2 NAME NAME 1656 KUDZA RD. 1.3 STREET ADDRESS STREET ADDRESS W PALM BEACH FL 14 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2 1 TITLE THILE JOHNSON, CHARLES A 2.2 NAME NAME 1656 KUDZA RD. 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 2 4 CITY - ST - ZIP CITY - ST- ZIP Addition DELETE 3 1 HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - 7IP Change ne tibbA 🔲 DELETE 4 1 THILE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ DELF18 5 1 TITLE TITLE 5.3 STHEE! ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 OITY - ST - 7-P

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this fling 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 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 4.16.96 407-659-6246

CR2E034 (12/95)