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Feb 20 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 # 507669 (0)

1. Corporation Name
SMALLWOOD LANDSCAPING, INC. OF NAPLES

Principal Place of Business
6901 N AIRPORT ROAD
NAPLES FL 33942

Mailing Address
6901 N AIRPORT ROAD
NAPLES FL 34109-8807



3. Date Incorporated or Qualified 07/23/1976
3a. Date of Last Report 02/02/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1723759		Applied For	
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 type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		29. Country					

9. Name and Address of Current Registered Agent

SMALLWOOD, JOANN M
6901 N. AIRPORT ROAD
NAPLES FL 33942

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLWOOD, JOANN M	1.2 NAME	
STREET ADDRESS	340 PIRATES BIGHT	1.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, PAUL B	2.2 NAME	
STREET ADDRESS	3354 HUNTLEY LANE, NORTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33942	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINGENSMITH, CRAIG J	3.2 NAME	
STREET ADDRESS	2202 ARBOUR WALK CR. #2128	3.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33942	3.4 CITY- ST- ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SCOTT D	4.2 NAME	
STREET ADDRESS	777 BERWICK PLACE	4.3 STREET ADDRESS	
CITY- ST- ZIP	NAPLES FL 33942	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name has not been changed, or on an attachment with an address.

Signature of Signing Officer or Director
JOANN M. SMALLWOOD

Date 1-29-97
Daytime Phone # (941) 597-8136

CR2E034 (9/96)