

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
78
FILED

1995-1 APR 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 580749

(0)

1. Corporation Name

TOM BECKEL LANDSCAPING, INC.

Principal Place of Business

2050 ORANGE BLVD
SANFORD FL 32803
US

Mailing Address

P. O. BOX 1625
WINTER PARK FL 32790
US

Do Not Write in this Space

3. Date of Incorporation or Creation
08/01/1978

3a. Date of Last Report
01/24/1994

2. Principal Place of Business

21. State, Apt. # etc.
22. City & State

2b. Mailing Address

26. P.O. Box 3571
27. State, Apt. # etc.
28. City & State

4. FIC Number
59-1835494

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. Does corporation have authority for information for under the Florida
Statutes ☒ Yes ☐ No

24. State, Apt. # etc.

25. City & State

29. 32790

30. US

9. Name and Address of Current Registered Agent

TIMOTHY
TIMOTHY C. LAUBACH
1218 MOUNT VERNON ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81. Name
TIMOTHY C. LAUBACH
82. Street Address (P.O. Box Number is Not Acceptable)
1218 MOUNT VERNON ST.
83. City
ORLANDO
84. State
FL
85. Zip Code
32803

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.1505, 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 Sections 607.01, 607.02, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director or Officer)

(Signature of Agent or Director or Officer)

12. OFFICERS AND DIRECTORS

NAME	PD BECKEL, THOMAS F.
STREET ADDRESS	873 NOTTINGHAM
CITY, STATE, ZIP	ORLANDO FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS

NAME	PD BECKEL, Thomas F.	☒ Change ☐ Addition
STREET ADDRESS	600 W. KING ST.	
CITY, STATE, ZIP	ORLANDO, FL 32804	
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01, 607.02, Florida Statutes. I further certify that the information included in 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS F. BECKEL 4-29-95 107 8PM-6500