	PROFIT RPORATION UAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCU 1. Corporatio	MENT #	580749	(0)			
·	BECKEL LANDS	SCAPING, INC.	()			
Principal Place	e of Business		Mailing Address			
2050 ORANGE BLVD SANFORD FL 32803 US			P.O. BOX 3571 WINTER PARK FL 3, US	2790		
2 Principal Pl	ace of Business				08/01/1978	3a. Date of Last Report 05/01/1995
21	ace of business	[2a [26]	. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		59-1835494	Not Applicable
City & State	3	27	City & State		Certificate of Status Desired	\$8.75 Additional Fee Required
3		28	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Ζφ 4]	25	⊢ ,	Zip	Country	8. This corporation has liability for	Added to Fees intangible tax under s 199,032.
		29 dress of Current Regis	stered Agent	[30]	Florida Statutes Yes 10. Name and Address of New F	S □ No
				81 Name	To. Name and Address of New F	registered Agent
TIMONT	HY C. LAUBACH			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
1218 M	ount vernon si	ľ.		Street Addi	ress (io. box normber is not Acceptat	
	ount vernon st Do FL 32803	ř.		83 Street Aug	ress (
ORLANE	OO FL 32803		7 1508 Florida Statu	83 84 City		■ 85 Zip Code
ORLANG 11. Pursuant to or registere familiar with	OO FL 32803 o the provisions of Se ed agent, or both, in t h, and accept the obl-		al Sala Centrales (190	83 84 City tes, the above-named corporated by the corporation's boats. S. OIL: Registere Agent signature requires	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am
ORLANE 11. Pursuant to progistere familiar with SIGNATURE: 2. 12.	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the obligation, typed or printed man	otions 607.0502 and 63 he State of Florida. Such gallions of, Section 607.4 in of residents against and the 60 OFFICERS AND DIRECT	al Sala Centrales (190	83 84 City tes, the above-named corporated by the corporation's boals.	ration submits this statement for the pur rd of directors. I hereby accept the appo	PL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12
ORLANE 11. Pursuant to principle registere familiar with SIGNATURE: 5. 12.	OO FL 32803 of the provisions of Seed agent, or both, in th, and accept the obligation, typed or printed mail PD BECKEL, THON	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	ivid caldis (NC FORS	83 84 City tes, the above-named corporated by the corporation's boats. OIL: Registeric Agent signature respires. 13. 1.1 III.E. 12 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am
ORLANE 11. Pursuant to progistere familiar with SIGNATURE: 2. 12.	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	ivid caldis (NC FORS	83 84 City tes, the above-named corporated by the corporation's boats. OIL: Begisteric Agent signature respired. 13. 1.1 TILE 12 NAME 1.3 STREET ADDRESS	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12
ORLANE 11. Pursuant to or registere familiar with SIGNATURE: 12. IIITLE IMME STREET ADDRESS DITY-ST-ZIP ITLE	OO FL 32803 of the provisions of Seed agent, or both, in th, and accept the obligation, typed or printed mail PD BECKEL, THON	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	ivid caldis (NC FORS	83 84 City tes, the above-named corporated by the corporation's boats. OIL: Registeric Agent signature respires. 13. 1.1 III.E. 12 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition
ORLANE 11. Pursuant to principle of registere familiar with SIGNATURE 2. 12. IIITE 1. IAME 1.	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	verkoatik dat 21 ORS []] DELETÉ	83 84 City tes, the above-named corporated by the corporation's boats. OIL: Registeric Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12
ORLANE 11. Pursuant to or registere familiar with SIGNATURE: 12. IIITLE IMME STREET ADDRESS DITY-ST-ZIP ITLE	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	verkoatik dat 21 ORS []] DELETÉ	83 84 City tes, the above-named corporated by the corporation's boals. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS	ration submits this statement for the pur of of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition
ORLANE 11. Pursuant to or registere familiar with SIGNATURE 12. 12. 11LF IAME ISTREET ADDRESS ITY-ST-ZIP ITLE IAME IREET ADDRESS ITY-ST-ZIP ITLE	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	verkoatik dat 21 ORS []] DELETÉ	83 84 City tes, the above-named corporated by the corporation's boats. OIL: Registeric Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	PL 85 Zip Code rpose of changing its registered office ontment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with SIGNATURE 12. 11. SIGNATURE 12. 11. SIGNATURE 12. 11. SIGNATURE 13. SIREEI ADDRESS 11. SIREEI ADDRESS	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE	83 84 City tes, the above-named corporated by the corporation's boals. 13. 1.1 Title 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	PL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with SIGNATURE 12. 12. 11LF IAME ISTREET ADDRESS ITY-ST-ZIP ITLE IAME IREET ADDRESS ITY-ST-ZIP ITLE	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE	83 84 City tes, the above-named corporated by the corporation's boals. OTE: Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS	ration submits this statement for the pur of of directors. I hereby accept the appo	PL 85 Zip Code rpose of changing its registered office ontment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with signature: 12. Ittle IMME INTERESTADORESS ITY-ST-ZIP ITLE IMME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE	83 84 City tes, the above-named corporated by the corporation's boals. 13. 1.1 Title 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with signature: SIGNATURE: SIRELE ADDRESS SITY-ST-ZIP SITLE SITELE ADDRESS SITY-ST-ZIP SITLE SITH ADDRESS SITY-ST-ZIP SITH ADDRESS SITH ADDRESS SITY-ST-ZIP SITH ADDRESS SITY-ST-ZIP SITH ADDRESS SITY-ST-ZIP	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	OPERATE	83 84 City tes, the above-named corporated by the corporation's boals. 113. 1.1 TITLE 12 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	PL 85 Zip Code rpose of changing its registered office ontment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with signature: 12. Ittle IMME INTERESTADORESS ITY-ST-ZIP ITLE IMME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	OPERATE	83 84 City Ites, the above-named corporated by the corporation's boals. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4 TITLE 42 NAME 4.3 STREET ADDRESS	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with signature services and services services and services servic	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	OPERATE	83 84 City tes, the above-named corporated by the corporation's boals. 113. 1.1 TITLE 12 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with SIGNATURE 12. The same street address stry-st-zip stry-st-z	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE DELETE DELETE	83 84 City tes, the above-named corporated by the corporation's boals. 13. 1.1 Title 12 NAME 1.3 STREEL ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY-ST-ZIP	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with signature services and services services and services servic	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE DELETE DELETE	83 84 City Ites, the above-named corporated by the corporation's boats 13. 1.1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with SIGNATURE 12. ITTLE IMME STREET ADDRESS STY-ST-ZIP ITTLE IMME ITREET ADDRESS ITY-ST-ZIP ITTLE IMME ITREET ADDRESS ITY-ST-ZIP ITTLE IMME ITREET ADDRESS ITY-ST-ZIP ITTLE IMME IRREET ADDRESS ITY-ST-ZIP ITTLE IMME IMME IRREET ADDRESS ITY-ST-ZIP ITTLE IMME IMME IRREET ADDRESS ITY-ST-ZIP ITTLE IMME IMME IME IMME IMME	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE DELETE DELETE	83 84 City Ites, the above-named corporated by the corporation's boals. OIL: Rigistone Agent signature require. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Addition Change Addition Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with SIGNATURE: 12.	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE DELETE DELETE DELETE	83 84 City Ites, the above-named corporated by the corporation's boals. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 5 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 5 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
ORLANE 11. Pursuant to or register familiar with signature: SIGNATURE: STREET ADDRESS STY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS	OO FL 32803 o the provisions of Seed agent, or both, in th, and accept the oblining the oblining of the provision of the pro	ctions 607.0502 and 63 to State of Florida. Such gallions of, Section 607.4 of fourthead agent and the 6 OFFICERS AND DIRECTION OF THE CONTROL OF THE CONTRO	DELETE DELETE DELETE DELETE	83 84 City Ites, the above-named corporated by the corporation's boats 13. 1.1 Title 12 NAME 1.3 STREEL ADDRESS 1.4 CITY- ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY- ST-ZIP 3 1 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY- ST-ZIP 4 1 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY- ST-ZIP 5 1 TITLE 52 NAME 53 STREEL ADDRESS 46 CITY- ST-ZIP 5 1 TITLE 52 NAME 53 STREEL ADDRESS 54 CITY- ST-ZIP 6 1 TITLE 6 2 NAME	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Addition Change Addition Change Addition Change Addition
ORLANE 11. Pursuant to or registere familiar with signature state of the state of	of the provisions of Seed agent, or both, in th, and accept the obligation, typed or prince multiple BECKEL, THOM 600 W KING STORLANDO FL	otions 607.0502 and 6.7 he State of Florida. Such gations of, Section 607.4 in of readened agent and the readened for the section 607.4 in of readened agent and the readened for the section 607.4 in of readened agent and the readened for the section 607.4 in of readened for for the section 607.4 in of readened for for the section 607.4 in of readened for	DELETE DELETE DELETE DELETE	83 84 City Ites, the above-named corporated by the corporation's boats 13. 1.1 Title 12 NAME 13 STREEL ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREEL ADDRESS 44 CITY-ST-ZIP 5 TITLE 52 NAME 43 STREEL ADDRESS 44 CITY-ST-ZIP 6 TITLE 53 NAME 53 STREEL ADDRESS 54 CITY-ST-ZIP 6 TITLE 62 NAME 63 STREEL ADDRESS 54 CITY-ST-ZIP 6 TITLE 62 NAME 63 STREEL ADDRESS 64 CITY-ST-ZIP	ration submits this statement for the pur of of directors. I hereby accept the appo	FL 85 Zip Code rpose of changing its registered office ointment as registered agent. I am DATE. ICERS AND DIRECTORS IN 12 Addition Change Addition Change Addition Change Addition Change Addition

THOMAS F. BECKEL