

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 623218 (5)

1. Corporation Name

BOLAND BROTHERS LANDSCAPE SERVICE, INC.



Principal Place of Business

Mailing Address

1300 E HILLSBORO BLVD
STE 206
DEERFIELD EBAHC FL 33441
US

1300 E HILLSBORO BLVD
STE 206
DEERFIELD EBAHC FL 33441
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 DEERFIELD BEACH, FL

28 DEERFIELD BEACH, FL

24 Zip

25 Country

29 Zip

30 Country

33441

USA

33441

USA

9. Name and Address of Current Registered Agent

BOLAND, PETER EDWARD, JR.
7423 VICAYA CIRCLE
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/29/1979

3a. Date of Last Report

07/18/1995

4. FEI Number

59-1993890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 changing)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

BOLAND, PETER EDWARD
40 FT. PUTNAM ST.
HIGHLAND FALLS NY

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

PD

BOLAND, PETER EDWARD, JR.
218 SE 14TH ST
DEERFIELD BCH FL

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VD

MANCINI, MICHAEL ALLEN
17 S.E. 8TH TERR.
DEERFIELD BEACH FL

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

PTSD
BOLAND, PETER EDWARD, JR.
7423 VISCAYA CIRCLE
MARGATE FL 33063

VP
BOLAND, SONORA
7423 VISCAYA CIRCLE
MARGATE, FL 33063

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/1/96

DATE

DAYTIME PHONE

CR2E034 (12/95)