

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 636048 (1)
1. Corporation Name
B & L LANDSCAPE COMPANY, INC.

Principal Place of Business 7748 SPANER ROAD PO BOX 24384 JACKSONVILLE FL 32256-4440 32244	Mailing Address 7748 SPANER ROAD PO BOX 24384 JACKSONVILLE FL 32256-4440 H
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7748 Spaner Rd Suite, Apt. #, etc. P.O. Box 24384 22 City & State Jacksonville 23 Zip 32244		2a. Mailing Address 26 7748 Spaner Rd Suite, Apt. #, etc. P.O. Box 24384 27 City & State Jacksonville 28 Zip 32244		3. Date Incorporated or Qualified 09/13/1979	
24 32244		29		4. FEI Number 59-1938351	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

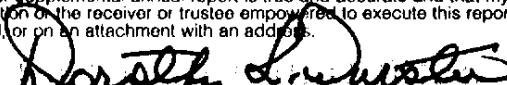
9. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1300 GULF LIFE DR JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	1.1 TITLE	☐ Change ☐ Addition
NAME	WURSTER, MELVIN E	1.2 NAME	
STREET ADDRESS	11914 OLD ACOSTA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	WURSTER, DOROTHY L	2.2 NAME	
STREET ADDRESS	11914 OLD ACOSTA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	WURSTER, KIRK E.	3.2 NAME	
STREET ADDRESS	3858 BOONE PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WURSTER, MELVIN E	4.2 NAME	
STREET ADDRESS	11914 OLD ACOSTA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	WURSTER, KIRK E	5.2 NAME	
STREET ADDRESS	3858 BOONE PARK AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	WURSTER, DOROTHY L	6.2 NAME	
STREET ADDRESS	11914 OLD ACOSTA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the 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 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.

SIGNATURE:  4/30/98 904-262-264

CP2E034 (10/97)