

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996 <i>7-2396</i> <i>B-7377</i> <i>C</i>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005471 (8)
 1. Corporation Name
CLANCY'S LAWN CARE AND LANDSCAPING, INC.



Principal Place of Business 5510 TELEPHONE RD PASCAGOULA MS 39567-1125 US	Mailing Address P.O. BOX 1457 PASCAGOULA MS 39568-1457
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21 2. Principal Place of Business <i>5510 Telephone Rd.</i>	22 Suite, Apt. # etc	26 2a. Mailing Address	27 Suite, Apt. #, etc
23 City & State	28 City & State	29 Zip	30 Country

3 Date Incorporated or Qualified 12/02/1993	3a Date of Last Report 04/20/1995
4 FEI Number 64-0721386	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DUANE E. MOODSPAUGH
2504 SELMA STREET
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name <i>MARVIN D. WILLIAMS</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>4501 E. JOHNSON AVE</i>	
83 Apt. # <i>113</i>	
84 City <i>PENSACOLA</i>	85 Zip Code <i>FL 32514</i>

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 *MARVIN D. WILLIAMS, P/M* *Marvin Williams* *7-18-96*
Signature typed or printed in block and initialed. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	CLANCY, JON P	
STREET ADDRESS	4523 SHADOWOOD CIRCLE	
CITY - ST - ZIP	PASCAGOULA MS	
TITLE	CST	<input type="checkbox"/> DELETE
NAME	PHILLIPS, L.E.	
STREET ADDRESS	2802 BELAIR ST.	
CITY - ST - ZIP	PASCAGOULA MS 39567	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. E. Phillips* *7-18-96* *601-762-1502*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date of Filing)

CR2E034 (3/96)